



COUNTY BOROUGH OF NORTHAMPTON.


R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1935.

By **STEPHEN ROWLAND**, M.D.Edin., D.P.H.Camb.,
Medical Officer of Health,
School Medical Officer, and
Chief Tuberculosis Officer.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29917943>



COUNTY BOROUGH OF NORTHAMPTON.

R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1935.

By **STEPHEN ROWLAND**, M.D.Edin., D.P.H.Camb.,
Medical Officer of Health,
School Medical Officer, and
Chief Tuberculosis Officer.

TABLE OF CONTENTS.

	PAGE
Introductory Letter	6
Public Health Staff	7
Summary of Statistics	8
I.—STATISTICS AND SOCIAL CONDITIONS :—	
Population	9
Ward Populations	9
Births	10
Stillbirths	10
Deaths	10
Social Conditions	11
Unemployment	11
Meteorology	12
Other Statistics	12
II.—GENERAL PROVISION OF HEALTH SERVICES :—	
Public Health Officers	13
Laboratory Facilities	13
Ambulance Facilities	13
Nursing in the Home	13
Clinics and Treatment Centres	13
Municipal Hospitals	14
Voluntary Hospitals, etc.	14
Poor Law Medical Out-relief	14
Care of Mental Defectives	15
Maternity and Child Welfare	15
Maternity and Other Nursing Homes	15
Legislation in Force	16
Blind Persons	18
School Medical Service	19
III. —SANITARY CIRCUMSTANCES :—	
Water	19
Polluted Wells	20
Drainage and Sewerage	20
Rivers and Streams	21
Closet Accommodation	21
Public Cleansing	21
Sanitary Inspection	21

	PAGE
Shops Act, 1934	21
Smoke Abatement	22
Swimming Baths and Pools	22
Schools	22
Canal Boats	23
Common Lodging Houses	23
Factories and Workshops	23
Offensive Trades	24
Tents, Vans, Sheds, etc.	24
Premises controlled by Bye-laws, etc.	24
Rag Flock Acts, 1911 and 1928	24
Rat Repression	24

IV.—HOUSING :—

Council Houses	24
Other New Buildings	25
Housing Acts	25
Slum Clearance	26
Public Health Acts	28
Prosecutions	28
Overcrowding	28
Sufficiency of Supply of Houses	29
Housing Statistics	30
Other Housing Matters	31

V.—INSPECTION AND SUPERVISION OF FOOD :—

Milk Supply	31
Milk in Schools	31
Tuberculosis Order, 1925	32
Dairies, Cowsheds, and Milkshops	32
Sterilised Milk	32
Milk (Special Designations) Order, 1923	33
Food Inspection	34
Grading and Marking of Foodstuffs	34
Slaughterhouses	34
Slaughter of Animals Act, 1933	34
Public Health (Meat) Regulations, 1924	34
Disease in Meat	34
Section 117 of the Public Health Act, 1875	35
Bakehouses	35
Other Premises dealing with Food	35
Food Poisoning	35
Food and Drugs (Adulteration) Act, 1928	35
Preservatives, etc.	36
Chemical Work	36
Bacteriological Work	36
Nutrition	36

PAGE

VI.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES :—

“ Zymotic Deaths ”	37
Measles and Whooping Cough	37
Diarrhœa and Enteritis (<i>see also</i> Appendix II.)	37
Influenza	38
Cerebro-spinal Fever	38
Acute Anterior Poliomyelitis	38
Encephalitis Lethargica	38
Enterica	38
Dysentery	38
Erysipelas	38
Chickenpox	39
Vaccination	39
Smallpox	39
Scarlet Fever	39
Diphtheria	40
Sixty Years of Diphtheria in Northampton	40
Pneumonia	42
Borough Hospitals	42
Puerperal Fever (<i>see also</i> Appendix II.)	43
Puerperal Pyrexia (<i>see also</i> Appendix II.)	43
Ophthalmia Neonatorum (<i>see also</i> Appendix II.)	43
Venereal Diseases	43
Cancer	44
Prevention of Blindness	44
Tuberculosis (<i>see also</i> Appendix I.)	44
Bacteriology	45
Disinfection, etc.	45

VII.—MATERNITY AND CHILD WELFARE (*see also* Appendix II.) :—

General Remarks	45
Infant Mortality	45
Stillbirths	46
Maternal Mortality	47
Toddlers' Clinic	47
Midwifery and Maternity Services	47
Institutional Provision for Mothers and Children	47
Health Visitors	48
Infant Life Protection	48
Orthopædic Treatment	48
Diarrhœa and Enteritis	48

APPENDICES.

I.—REPORT OF CLINICAL TUBERCULOSIS OFFICER :—

Notifications	50
Revision of Register	50
Deaths	50

	PAGE
X-ray Examinations	51
Artificial Pneumothorax	51
Dental Treatment	52
Extra Nourishment	52
Park Workers	52
Housing	52
Prevention and Care	53
Tuberculosis Dispensary	55
Tuberculosis Health Visitor	56
Laboratory Examinations	56
Welford Road Hospital	56
Staff Accommodation	57
Creaton Sanatorium	57
Manfield Orthopædic Hospital	58
Other Institutions	58
Public Health Act, 1925	58
Public Health (Prevention of Tuberculosis) Regulations, 1925..	58
Statistical Tables	59

II.—REPORT OF ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE :—

Infant Mortality	65
Notification of Births	65
Stillbirths	66
Home Visitation	67
Ultra-violet Ray Treatment	67
Manfield Orthopædic Hospital	67
Welfare Centres	68
Toddlers' Clinic	69
Midwives	69
Maternity Homes	69
Pre-natal Work	69
Doctors' Bills	71
Dental Treatment	71
Milk	71
Puerperal Fever and Pyrexia	72
Maternal Deaths	72
Ophthalmia Neonatorum	72
Diarrhœa and Enteritis	72
Infant Life Protection	72
Statistical Tables	73

III.—STATISTICAL TABLES :—

General Tables	76
Vital Statistics 1901–1935 (Table A)	90
Cases of Notifiable Diseases	(Table B)
Causes of Death	(Table C)
Infant Mortality	(Table D)
Factories, Workshops, etc.	(Table E)

*To the Mayor, Aldermen, and Councillors of the County Borough of
Northampton.*

MR. MAYOR, LADIES, AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1935, which for statistical purposes embraces a period of fifty-two weeks ended on 28th December, 1935.

The report is on the lines of its predecessors and is not what the Ministry of Health calls a "survey report."

Two new tables, which I hope will be of interest, have been included, viz :—Table 1 (page 76) giving the ward populations and Table 15 (page 86) relating to diphtheria in Northampton over a period of sixty years. My remarks on these subjects appear on pages 9 and 40.

Scarlet fever, following the trend throughout the country, was more prevalent than in 1934.

Again, for the third year in succession, we had a low infantile death-rate, viz :—50·2 per thousand live births registered, the third lowest on record.

The birth-rate was also low (11·9), equalling the low record of 1933.

The death-rate (10·9) was the second lowest on record, almost equalling the figure of 10·4 in 1921, particularly if allowance could be made for the undoubted change in the age-constitution of the local population during the past fourteen years.

The "zymotic death-rate" of 0·16 was also extremely gratifying, our second lowest in fact.

It is satisfactory to be able to say that the tuberculosis death-rate, which has been falling steadily for many years, continued its downward trek and touched a new record, viz :—0·54 for pulmonary and 0·11 for other forms. The death-rate from this disease in Northampton has been halved since the War.

The work of slum clearance and the demolition of individual unfit houses proceeded as heretofore. The subject is dealt with on pages 25 to 27.

The Council's public water supply continued to be of excellent quality.

If the health of a community can be assessed by a low "zymotic death-rate," extremely low infantile and general death-rates, together with a similar tuberculosis death-rate (and I know of no better measure), then one cannot but feel that the sanitary conditions in Northampton are satisfactory.

I wish again to acknowledge the loyal assistance and support received from all members of my Staff during the year under review, a support without which efficiency would be impossible.

I remain, Mr. Mayor, Ladies, and Gentlemen,

Your obedient Servant,

Stephen Rowland

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
GUILDHALL, NORTHAMPTON.
APRIL, 1936.

PUBLIC HEALTH STAFF.

<i>Medical Officer of Health, School Medical Officer, and Chief Tuberculosis Officer</i>	.. ..	STEPHEN ROWLAND, M.D. Edin., D.P.H. Camb.
<i>Tuberculosis Officer</i>	.. ..	NORMAN B. LAUGHTON, M.B., Ch.B., D.P.H.
<i>Assistant Medical Officer for Maternity and Child Welfare</i>		MISS EVELYN F. BEBBINGTON, M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.
<i>Sanitary Inspectors</i>	.. ..	W. J. BARKER*† (<i>Chief Inspector and Rat Officer</i>) J. WALKER*† (<i>also Inspector of Common Lodging Houses</i>) J. BROWN*† (<i>Meat and Food Inspector</i>) B. KNOWLES*†
<i>Assistant Sanitary Inspectors</i>	.. ..	T. L. BOAST*† S. A. TENCH* W. L. MONKS*† (<i>also Inspector of Canal Boats</i>) R. SPENCER*
<i>Health Visitors</i>	.. ..	MISS L. M. ISLIP‡|| MISS M. E. MOSSEY‡||§ MRS. F. H. SMITH‡||§ MISS F. M. V. BLYTHE BROWN‡|| MISS E. C. AGAR‡||¶
<i>Tuberculosis Nurse</i>	.. ..	MISS L. REESE ||
<i>Matrons</i>	.. ..	MISS M. E. NORMAN ||§ (<i>Harborough Road Infectious Diseases Hospital</i>) MISS K. B. STONE ||§ (<i>Welford Road Tuberculosis Hospital</i>)
<i>Clerks</i>	.. ..	A. F. KNIGHT (<i>Chief Clerk</i>) S. J. KNIGHT (<i>Tuberculosis Dispensary</i>) H. T. BOSWELL MISS D. E. ADNITT (<i>Infant Welfare Centre</i>) S. E. MOORE F. A. GRAVES
<i>Removal and Disinfecting Staff</i>	.. ..	C. H. WILLIAMS A. W. BLASON R. G. A. BRITTEN
<i>Rat-catcher</i>	.. ..	A. PATCHING

All the above are whole-time Officers. School Medical Staff is not included.

*Holds Inspector's Certificate of the Royal Sanitary Institute.

†Holds Certificate for Inspecting Meat and Other Foods.

‡Holds Certificate of the Central Midwives Board.

||General Trained Nurse.

§Fever Trained Nurse.

¶Holds Health Visitor's Certificate.

SUMMARY OF STATISTICS.

Latitude.....	52° 14' North.	Longitude.....	0° 54' West.
Height of Guildhall above general mean sea level (in feet)			252
Area of Borough (in acres) as extended, 1st April, 1932			6,201
Population :—			
Census 1931 (before extension)			92,341
Census 1931 (including area added 1st April, 1932)			96,546
Registrar-General's Estimate at Mid-year 1935			96,700
Number of Inhabited Houses :—			
Census 1931			23,141
According to Rate Books (31st December, 1935)			27,600
Number of Families or Separate Occupiers (Census 1931) ...			24,966
Rateable Value (31st December, 1935)			£709,979
Yield of One Penny Rate (31st December, 1935)			£2,810

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1935.

	TOTAL.	M.	F.		
Live Births {	Legitimate	1,097	579	518	} Birth-rate 11·9
	Illegitimate	58	29	29	
	Total	1,155	608	547	
Stillbirths {	Legitimate	42	29	13	} Rate 0·47*
	Illegitimate	3	2	1	
	Total	45	31	14	
Deaths	1,051	535	516	—	Death-rate 10·9
Adjusted Death-rate (Factor 0·96)					10·4
Percentage of Total Deaths occurring in Public Institutions ..					41·6
Number of Women dying in, or in consequence of, Childbirth				(From Sepsis 0) (From Other Causes 5)	5†
Deaths of Infants under One Year of Age per 1,000 Live Births :—					
Legitimate..	51·0	Illegitimate..	34·5	Total	50·2
				NUMBER.	RATE.
“ Zymotic Deaths ”				15	0·16
Deaths from Measles (all ages)				0	0·00
Deaths from Whooping Cough (all ages)				7	0·07
Deaths from Diarrhœa (under two years of age)				3	‡
Deaths from Respiratory Tuberculosis				52	0·54
Deaths from Other Tuberculous Diseases				11	0·11
Total Tuberculosis Deaths				63	0·65
Deaths from Cancer				161	1·66
Deaths from Influenza				20	0·21

*37·5 per 1,000 Total (Live and Still) Births Registered.

†4·17 per 1,000 Total Births (Sepsis 0·00 ; Other Puerperal Causes 4·17).

‡2·6 per 1,000 Live Births Registered.

I.—STATISTICS AND SOCIAL CONDITIONS.

The Registrar-General estimated the resident population of the County Borough of Northampton at mid-year 1935 to be 96,700, an increase of 150 on his estimate for the previous year. It may not be out of place to remind readers that the Registrar-General's figure for the mid-year population is only an estimate. We shall not be able to get the exact figures until the next census, which is due in 1941. Population

The natural increase of the population, *i.e.*, the excess of births over deaths, for 1935 was 104, or 1·1 per thousand living.

Owing to the enlargement of the Borough, with consequent alterations in ward boundaries, taking place a year after the 1931 Census, ward populations given in the Census Volume only related to the old wards and Table 2 on page 75 of my Annual Report for 1933 gave these compared with 1921. Ward
Populations

Fortunately, the Registrar-General has recently published a supplementary volume dealing with changes of boundary affecting the County of Northampton between the date of the Census and 30th June, 1935, and this contains, amongst other things, a statement of the populations enumerated on 26th April, 1931, in the twelve wards of the Borough as constituted on 1st April, 1932. Moreover, the 1921 figures covering the same areas are given, also the acreage, and these are reproduced in this report as Table 1 on page 76.

No attempt has been made by my Department to estimate the present ward populations. There are difficulties in the way of arriving at reliable figures and no useful purpose would be served by mere guesswork.

The statistics given in Table 1 are worth studying. It will be observed that there was a population increase in the extended Borough of 4,533 during the ten years between 1921 and 1931; while three wards recorded population increases of over two thousand and one of over four thousand, three others shewed losses of over two thousand. If we take the two wards Kingsley and Weston we find that 7,116 persons took up residence on the east side of the Town between 1921 and 1931, and during the same period 7,459 left the four wards in the centre of the Borough, *viz* :—Castle, St. Crispin's, St. Michael's, and South. It is probably safe to say that such a great movement of the population never before took place in Northampton in all its long history.

Another point in Table 1 worth noticing is the great difference in "persons per acre" in the twelve wards in 1931, the most sparsely populated being Weston ward with only 6·6 persons to the acre, while St. Crispin's had 76·7. The explanation is, of course, not far to seek. Weston is a new site with much undeveloped land, whereas St. Crispin's is built up mostly with the terraced type of artisans' dwellings. Altogether

there were four wards populated at a density of over fifty per acre, the average for the Borough being 15·6, compared with 26·6 before the extension.

Births

1,155 live births (608 males, 547 females) were registered, giving a birth-rate of 11·9 per thousand of the estimated resident population, compared with 14·7 for England and Wales and 14·8 for the 121 county boroughs and great towns (including London). The local birth-rate shewed a decrease of 0·3 per thousand and equalled the low record of 1933. Table 2 (page 76) gives the rates for the last ten years, compared with those for the country.

Fifty-eight (5·0 per cent.) of the births were illegitimate.

Stillbirths

There were forty-five stillbirths registered, giving a rate of 0·47 per thousand, as compared with 0·62 for England and Wales. The rate expressed per thousand total births (including stillbirths) registered was 37·5.

For further notes on stillbirths, *see* pages 46 and 66.

Deaths

1,051 deaths (535 males, 516 females) were registered, equal to a death-rate of 10·9 (the second lowest on record, the lowest being 10·4 in 1921), compared with 11·7 for England and Wales and 11·8 for the great towns. Table 3 (page 76) gives the local and national death-rates for the last ten years.

Deaths of elderly persons (sixty-five years and upwards) accounted for 55·2 per cent. of them.

545 persons, including residents and non-residents, died in local institutions, equivalent to 41·6 per cent. of the total deaths. The deaths of non-residents were transferred by the Registrar-General to their respective areas, whilst the deaths of Northampton residents which took place outside the Borough were credited to us as "inward transfers."

Eighty-five deaths occurred for which no medical certificates of the causes of death were furnished. These included sixty-one inquests and twenty-four coroner's certificates after post-mortem examinations without inquests, or 8·1 per cent. of the nett deaths registered.

The adjusted death-rate for Northampton (calculated by multiplying the crude rate by the Registrar-General's comparability factor of 0·96) was 10·4. This factor has been based on the sex and age constitution of the local population at the 1931 Census; its object is to modify the crude death-rate so as to make it comparable with the crude rate for the country as a whole or with the similarly adjusted death-rate for any other area.

Table C at the end of this report, giving the causes of death in different age-periods, was prepared in the Public Health

Department from information supplied weekly by the local registrars. The classification agrees closely with the figures received from the Registrar-General on 18th April, 1936.

The social conditions in the Borough underwent no important changes during the year. The staple industry continued to be well employed and the building trade again provided work for a large number of men. No new industry was started in the Town and as it is not desirable for a community to depend largely upon one trade, the introduction of others would be a great asset.

Social
Conditions

The Manager of the Employment Exchange has again kindly furnished information regarding unemployment in Northampton, from which the following particulars have been extracted :—

Unemploy-
ment

Total Live Register in January, 1935 (including 1,300 temporarily stopped claimants and 511 non-claimants)	4,919
Total Live Register in July, 1935 (including 1,011 temporarily stopped claimants and 374 non-claimants)	3,473
Total Live Register in December, 1935 (including 1,321 temporarily stopped claimants and 381 non-claimants)	4,017

Though the numbers on the register were higher in December than in July, the figures shew a considerable drop since 1934. Trade conditions continued to improve up to the end of the year, the larger figures for December being due to the usual holiday increase accentuated by the sharp spell of frost, which brought about a temporary stoppage in the building trade. There is plenty of demand for juvenile labour and youths from the distressed areas have been placed in employment here under the scheme sponsored by the Ministry of Labour.

During the week ended 28th December, 227 men, on whom depended 129 women and 163 children, received unemployment relief from the Public Assistance Committee. These figures are considerably less than those for the corresponding date in 1934.

The Borough Engineer has supplied the following information relating to public works upon which unemployed labour was engaged :—

CONTRACT WORKS :—

Weston District Sewerage Scheme ;
Duston District Sewer ;
Weedon Road to Bant's Lane Sewer.

DEPARTMENTAL WORKS—DIRECT LABOUR :—

Weedon Road Improvement—Melbourne Road to Franklin's Gardens ;

College Street—Corner of King Street ;
 Derngate—Castilian Street to Cheyne Walk ;
 Swan Street and Angel Street Corner ;
 Kettering Road and Wellingborough Road (Abington Square) ;
 Wellingborough Road—Norman Road to Borough Boundary ;
 Bridge Street and Far Cotton Tram Track Removal and Road Reconstruction ;
 St. James' Tram Track Removal and Road Reconstruction ;
 St. David's Housing Estate ;
 Abington Housing Estate ;
 Knightley Road—Flood Relief Sewer ;
 Fowcester Road—Main Road Corner Improvement ;
 Bridge Street—Weston Street Corner ;
 St. Andrew's Road—near Burleigh Road ;
 Great Russell Street.

Meteorology

Mr. R. H. Primavesi has again kindly supplied the data (*see* Table 4, page 77) from which these notes were compiled.

The year 1935 was noticeable for abnormal weather, for while the period about the middle of the year was marked by a drought, when there was a general outcry owing to shortage of water, the year ended with a total rainfall of 34·20 inches, this being 10·14 inches above the average for the past thirty-one years and the greatest annual fall since 1904, when our records commence. The wettest month was June with a rainfall of 5·78 inches, followed by September with 4·70. The driest months were March, when only 0·37 inches were registered, and July with 0·62. The heaviest fall in twenty-four hours was recorded on 25th June, the amount being 2·20 inches.

The total hours of bright sunshine (1,433) was almost identical with the amount recorded in 1934 and was well above the average for this part of England, where it ranges from 1,200 to 1,400 hours. The "dullest" month was again December with just under thirty-two hours—a remarkably small amount.

The highest shade temperature recorded was 88·5°F. on 14th July, while the lowest reading of the thermometer (20·0°F.) occurred on 24th December. There were twenty-seven cold nights, *i.e.*, nights during which the thermometer fell to 32°F. (freezing point) or below.

The prevailing direction of the wind in the Borough was south-west on 137 days, south-east on 49, north-east on 77, and north-west on 96 ; in addition there were six "calm" days, viz :—one in August, three in November, and two in December.

Other Statistics

The notes on infant and maternal mortality, infectious diseases, housing conditions, and other statistics usually in-

cluded in the annual report, will be found under the headings referring to these matters.

Attention is also directed to the vital statistics on page 8 and to Tables A, B, C, and D at the end of this report.

II.—GENERAL PROVISION OF HEALTH SERVICES.

A list of the whole-time officers of the Public Health Department on 31st December, 1935, appears on page 7.

Public
Health
Officers

The part-time officers connected with the Department comprise two medical officers, a male orderly, and a nurse at the Venereal Diseases Clinic; a non-resident medical officer and his deputy at St. Edmund's Hospital, Wellingborough Road, under the management of the Public Assistance Committee; a medical officer and a nurse in connection with maternity and child welfare work; three public vaccinators who also act for poor law medical out-relief; a consultant obstetrician; a public analyst; two vaccination officers; and a veterinary surgeon.

The staff employed in the school medical service is mentioned in the paragraph dealing with this subject on page 19.

No change has been made in these facilities, *i.e.*, for the examination of clinical material (sputum, swabs, etc.), water, milk, and foodstuffs. (*See* page 12 of 1930 report).

Laboratory
Facilities

INFECTIOUS CASES. The Public Health Committee purchased an "Austin" 18 h.p. ambulance, costing £418 16s., which was delivered on 28th October. It is giving every satisfaction and is an advance on anything previously owned by the Committee.

Ambulance
Facilities

NON-INFECTIOUS AND ACCIDENT CASES. Facilities for the removal of these cases are provided by the Northampton Branch of the St. John Ambulance Association, with headquarters in King Street.

MATERNITY PATIENTS. These are generally moved by the Ambulance Association.

The provision for home nursing was outlined in my report for 1930. There was no extension of this work during the year so far as the Public Health Department was concerned. The Queen's Institute of District Nursing continues to give a very efficient service, an untold blessing to the poor.

Nursing in
the Home

The Maternity and Child Welfare Centres, School Clinic, Orthopædic Clinic, Tuberculosis Dispensary, and Venereal Diseases Clinic were fully described in my report for 1930, pages 19 and 20. A note on the Mental Diseases Clinic appeared on page 13 of my report for 1932. The special clinic for "toddlers"

Clinics and
Treatment
Centres

(children between one and five years of age) continues to be well attended.

During the year plans were prepared and submitted to the Ministry of Health for a new building to be erected in St. Giles' Street for the purposes of maternity and child welfare work to replace, for clinic purposes, the rather inadequate building known as the "Central Building," Dychurch Lane, which, it is understood, will be required later in connection with proposed alterations to the Guildhall. The plans, after slight alterations, were passed by the Ministry and at the time of writing work is proceeding. The cost is estimated at £4,046.

Municipal Hospitals

For full reports on the four municipal hospitals see my reports for 1930 and 1931 :—

HARBOROUGH ROAD INFECTIOUS DISEASES HOSPITAL. Very little in the way of repairs, and nothing in the way of addition, was carried out at the hospital during the year. The external woodwork on the south and west sides of the wards was painted and some pointing done ; the hot water service pipes in Ward I. were replaced with copper tubing. (*See also* page 42).

WELFORD ROAD TUBERCULOSIS HOSPITAL. No structural alterations or additions were made at this hospital, but internal and external renovations were carried out and arrangements were made for lighting and heating of the recreation hut. (*See also* pages 42 and 56).

SMALLPOX HOSPITAL. This hospital, which has been closed since 1931, required only a little external painting, as it is in a very good state of repair. (*See also* page 42).

ST. EDMUND'S HOSPITAL, WELLINGBOROUGH ROAD. The work of reconditioning and redecorating the wards in the male infirmary has proceeded during the year and was not completed at the end of December. Repairs were also carried out to the surface of the yard in the male portion of the institution. (*See also* page 42).

Voluntary Hospitals, etc.

A description of Northampton General Hospital, Creaton Sanatorium, Manfield Orthopædic Hospital, and Berry Wood Mental Hospital appeared in the report for 1930, pages 16 and 17. Further reference is made to Manfield Hospital on pages 58 and 67 of this report and to Creaton Sanatorium on page 57.

In last year's report I mentioned the splendid gift of William Barratt, Esq., and Mrs. Barratt in providing a maternity home to meet the needs of the Borough and surrounding district. The building is well advanced and is expected to be ready for opening in July, 1936.

Poor Law Medical Out-relief

No further changes were made during the year in the provision of poor law medical out-relief. The medical officers

serving the three areas into which the Borough is divided for this purpose are :—

No. 1 District (comprising Kingsley, St. Edmund's, St. George's, St. Michael's, South, and Weston wards)—

Dr. E. Robertson, 220, Kettering Road ;

No. 2 District (Castle, Kingsthorpe, St. Crispin's, St. James', and Spencer wards)—Dr. J. Cullen, 5, St. Matthew's Parade ; and

No. 3 District (Delapre ward)—Dr. H. F. Percival, 2, Spencer Parade.

The service is working satisfactorily.

No progress had been made by the end of 1935 regarding the appointment of a whole-time paid organiser for this work, who would visit the defectives in their homes and give advice to parents and guardians and co-ordinate the work of the statutory and voluntary committees. I understand, however, that the matter is now under consideration.

Care of
Mental
Defectives

The building of a colony for mentally deficient at Bromham House, near Bedford, by the Joint Board composed of representatives of Northamptonshire County Council, Bedfordshire County Council, and Northampton Borough Council, mentioned in my report for 1934, is proceeding and it is hoped to have the first block of buildings ready for the reception of patients in the autumn of 1937.

St. Edmund's Hospital, which is conducted as a "mixed institution," is certified under Section 37 of the Mental Deficiency Act, 1913, for the reception of nine medium-grade to low-grade mental defectives, of both sexes, over the age of sixteen years.

The information required by the Ministry of Health on the services provided under the following heads will be found in Section VII. of this report, dealing with Maternity and Child Welfare, on pages 47 and 48 :—

Maternity
and Child
Welfare

- (a) Midwifery and Maternity Services ;
- (b) Institutional Provision for Mothers and Children ;
- (c) Health Visitors ;
- (d) Infant Life Protection ;
- (e) Orthopædic Treatment.

At the end of December, 1935, nine nursing homes were on the register, viz :—

Maternity Homes	3
Mixed Home	1
Homes for Medical and Surgical Cases, etc.	4
Home for Mothers and Babies	1

Maternity
and Other
Nursing
Homes

The last-mentioned institution is St. Saviour's Home, Kingsthorpe, managed by a committee of the Peterborough Diocesan Authorities, and was fully described in my report for

1930. The home, which is for unmarried mothers, serves a very useful purpose.

A new nursing home was opened at No. 26, Harborough Road and was registered on 3rd June for the reception of not more than three aged, chronic, or infirm cases.

The registration of one nursing home—the Nightingale Nursing Home, 44, East Park Parade—was changed from “medical and surgical” to “maternity” and re-registered on 1st April for eleven patients.

All these institutions were inspected at regular intervals by the Assistant Medical Officer for Maternity and Child Welfare, the officer appointed by the Local Supervising Authority to carry out this duty. (*See page 69*).

Five institutions are exempted from registration under Section 6 of the Nursing Homes Registration Act, 1927, viz :—Northampton General Hospital, Margaret Spencer Convalescent Home, Manfield Orthopædic Hospital, John Greenwood Shipman Convalescent Home, and the Bethany Homestead Nursing Home.

Legislation in Force

Appended is a list of Local Acts, General Adoptive Acts, and Bye-laws relating to public health in force in the County Borough :—

LOCAL ACTS AND ORDERS.

Northampton Improvement Act, 1843.

Northampton Waterworks Act, 1861.

Northampton Corporation Markets and Fairs Act, 1870.

Northampton Improvement Act, 1871.

The Local Government Board's Provisional Orders Confirmation (Arundel, etc.) Act, 1876.

Northampton Waterworks Act, 1882.

Northampton Corporation Act, 1882.

Northampton Corporation Waterworks Act, 1884.

Local Government Board's Provisional Orders Confirmation (No. 4) Act, 1892.

Local Government Board's Provisional Orders Confirmation (No. 14) Act, 1900.

Local Government Board's Provisional Orders Confirmation (No. 10) Act, 1907.

Northampton Corporation Act, 1911.

Northampton Corporation Water Act, 1913.

Northampton Corporation Act, 1922.

Ministry of Health Provisional Orders Confirmation (No. 1) Act, 1925.

Northampton Extension Act, 1931.

Ministry of Health Provisional Order Confirmation (Northampton) Act, 1932.

The Northampton (Scarletwell Street) Housing Confirmation Order, 1933.

- The Northampton (Castle Street, etc., No. 3A) Housing Confirmation Order, 1934.
- The Northampton (Castle Street, etc., No. 3D) No. 1 Housing Confirmation Order, 1934.
- The Northampton (Castle Street, etc., No. 3D) No. 2 Housing Confirmation Order, 1934.
- The Northampton (Castle Street, etc., No. 3E) Housing Confirmation Order, 1934.
- The Northampton (St. Andrew's Street, No. 4A) Housing Confirmation Order, 1934.
- The Northampton (St. Andrew's Street, No. 4B) Housing Confirmation Order, 1934.
- The Northampton (Phoenix Street) Housing Confirmation Order, 1935.
- Northampton (Extension of Time) Order, 1935.
- The Northampton (Russell Terrace) Housing Confirmation Order, 1935.
- The Northampton (Swan Street) Housing Confirmation Order, 1935.
- The Northampton (Foundry Street No. 1) Housing Confirmation Order, 1935.
- The Northampton (Fetter Street) Housing Confirmation Order, 1935.
- The Northampton (Foundry Street No. 2) Housing Confirmation Order, 1935.
- The Northampton (Tanner Street) Housing Confirmation Order, 1935.
- The Northampton (Tanner Row) Housing Confirmation Order, 1935.

GENERAL ADOPTIVE ACTS.

- The Baths and Washhouses Acts, 1846 to 1899.
- The Infectious Disease (Prevention) Act, 1890 (adopted 6th April, 1891).
- Public Health Acts Amendment Act, 1890.
 - Parts I., II., III., and V. (adopted 6th April, 1891).
- Public Health Acts Amendment Act, 1907.
 - Part II., except s. 19 (adopted 3rd July, 1911) ;
 - Part III. (S. 50 adopted on 17th July, 1912, s. 47 on 21st December, 1923, and remainder of sections on 21st March, 1932) ;
 - Part IV., except s. 68 (21st March, 1932) ;
 - Part V. (21st March, 1932) ;
 - Part VI. (3rd July, 1911) ;
 - Part X., s. 95 (14th November, 1922).
- Public Health Act, 1925.
 - Parts II., III., IV., and V., except ss. 21, 25, 27, and 34 in Part II. and ss. 48 and 49 in Part IV. (adopted 8th March, 1926) ;
 - Part II., s. 21 (15th May, 1926).

Local Government and other Officers' Superannuation Act, 1922 (adopted for officers on 1st July, 1930, and for workmen on 1st July, 1934).

BYE-LAWS.

UNDER THE PUBLIC HEALTH ACTS :—

Slaughterhouses (confirmed 1887, 1929, and 1932).
 Nuisances from Snow, Filth, Ashes, Keeping Animals, &c. (1895 and 1932).
 Offensive Trades (1895 and 1932).
 Cemeteries (1910, 1921, 1924, and 1930).
 Luggage Porters and Light Porters (1924).
 Pleasure Grounds, &c. (1926 and 1933).
 New Streets and Buildings (1927 and 1932).
 Hackney Carriages, Omnibuses, Carriers' Carts, and Other Vehicles (1927 and 1930).
 Imposing on Occupier duties in connection with Removal of House Refuse (1932).
 Common Lodging Houses (1932).

UNDER HOUSING ACTS :—

Tents, Vans, Sheds, and Similar Structures used for Human Habitation (1914 and 1932).

UNDER NORTHAMPTON CORPORATION WATER ACT, 1913 :—

Prevention of Pollution (1915).

UNDER THE NURSING HOMES REGISTRATION ACT, 1927 :—

Nursing Homes (1929 and 1932).

UNDER MUNICIPAL CORPORATIONS ACT, 1882 :—

Good Rule and Government (1929).

Blind Persons

Particulars of the provision made for blind persons under the Blind Persons Act, 1920, were given in my report for 1931, pages 17 and 18. The Act is administered locally by the Blind Persons Committee, consisting of His Worship the Mayor and twelve members, eight being members of the Borough Council and four co-opted. At the end of 1935, there were 175 persons whose homes are in the Town certified as blind within the meaning of the Act, *i.e.*, "so blind as to be unable to perform any work for which eyesight is essential." All the certificates are granted after examination by E. H. Harries-Jones, Esq., M.D., or Dr. S. H. G. Humfrey, Honorary Ophthalmic Surgeons to the General Hospital. Of these 175 blind persons :—

5 were St. Dunstan's trained men working at home ;
 2 were in a residential home ;
 4 were in the County Mental Hospital ;
 5 were in St. Edmund's Hospital ;
 3 were children at school ;
 21 were employed in the Workshops, Gray Street (17 males and 4 females) ;

3 were employed as homeworkers ;
 3 were employed elsewhere ; and
 129 were classified as unemployable and were living at home or in lodgings.

No action was taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes. These are all well catered for by the Ophthalmic Department of the General Hospital.

The Medical Officer of Health, acting as School Medical Officer in an administrative capacity, keeps the Public Health and School Medical Departments in close touch with each other. Dr. J. H. Mason, the Assistant School Medical Officer, carried out the medical inspection of school children without any outside help and was able to complete the inspections according to the Board of Education's requirements. Dr. Mason's time is fully occupied with medical inspections, leaving no time in which any special investigations might be undertaken. No additional work can be put upon him without some which has heretofore been looked upon as imperative being neglected or relinquished. In other words, if any extra duty has to be undertaken additional medical help must be procured.

School
Medical
Service

No change occurred in the staff at the School Clinic during the year. The whole-time staff employed on school medical work was thus one medical officer designated Assistant School Medical Officer, two dentists, three nurses, and four clerks ; two of the clerks also act as chairside assistants. An ophthalmic surgeon and a radiologist are employed part time and an ear, nose, and throat specialist is engaged for the removal of tonsils and adenoids.

The average number of scholars on the registers of public elementary schools for the year ended 31st December, 1935, was 11,772, the average attendance being 10,653 (90·5 per cent.).

The annual report of the School Medical Officer, prepared according to the requirements of the Board of Education for the Education Committee, is published separately and gives details of the work performed by the school medical service.

(*See also " Schools," page 22*).

III.—SANITARY CIRCUMSTANCES.

In my survey report for 1930 I mentioned the sources of the Borough water supply. The reservoir at Ravensthorpe reached a very low level in 1935, in fact it was practically empty during the summer, necessitating the taking of water from the emergency supplies at Boughton Crossing, Merry Tom, and Spratton Bridge. These, together with the small amounts from Ravensthorpe and the Billing Road well (where the water level also sank very low), sufficed for the needs of the Town, and

Water

at no period was it necessary to shut down the supply for some hours daily, as was done in many places. The maxim of the Water Committee was "full and plenty for domestic purposes but no waste," and it was a success. With the coming of autumn and the rains, the anxiety as to the sufficiency of the supply passed away and the reservoir gradually filled, reaching the overflow level on 22nd January, 1936, for the first time for nearly three years.

In the meantime steps were taken to prevent any repetition of the shortage of water by bringing forward the scheme for the construction of an additional reservoir in the Hollowell Valley. The matter was passed by the Town Council on 13th May, 1935. Mr. Edward Sandeman, M.Sc., M.Inst.C.E., was appointed as Consulting Engineer. The work on the site of the embankment commenced in April, 1936. Further reference to this reservoir will be made in future reports.

The average daily consumption of water per head of the population for the year was 22·85 gallons.

At no time during the year was there any doubt regarding the purity of the public water supply. Twenty-two samples were submitted to Professor Hewlett for bacteriological examination and in every case the water was found to be of good or excellent quality and free from any suspicion of contamination.

Polluted Wells

A sample of water from a well supplying an isolated dwellinghouse was examined by Professor Hewlett and by the Public Analyst, both of whom pronounced it to be unfit for drinking or domestic purposes. A notice was served on the owners of the property requiring them to install a proper supply of water, but owing to change of ownership nothing further had been done regarding the matter by the end of the year.

Water from a well situated at a works was also examined by Professor Hewlett and the Public Analyst. Here again both found the water to be unsafe for drinking purposes. On this information being communicated to the owners of the works, the Town supply was immediately installed.

Drainage and Sewerage

A description of the new sewerage and sewage disposal scheme, completed in the autumn of 1933, appeared in my report for that year.

The Borough Engineer has kindly supplied the following information regarding sewerage work carried out by, or under the supervision of, his Department during the year :—

CONTRACT WORKS :—

Duston District Sewer—Weedon Road ;
Weedon Road to Bant's Lane Sewer ;
Weston District Sewerage Scheme.

DEPARTMENTAL WORKS—DIRECT LABOUR :—

Knightley Road ;
 St. David's Housing Estate ;
 Abington Housing Estate.

Although the river Nene again fell to a very low level, at no time was any action necessary regarding pollution, as the water was never so polluted as to be a nuisance or dangerous to health.

Rivers and
Streams

Five conversions from pail closets or privies were carried out in the village of Dallington, which was added to the Borough by the extension of the boundary in 1932. There are several remaining in that part of the Town, but as most of these houses will be considered later in connection with a slum clearance scheme no steps have been taken to bring about conversion to the water-carried system.

Closet
Accommo-
dation

The methods of scavenging in use in the Borough were explained on pages 23 and 24 of my report for 1930 and are performed satisfactorily.

Public
Cleansing

The work of the sanitary inspectors is summarised in Table 5 (page 78) and Tables 6 and 7 give further particulars in connection with house drainage. During the year, 2,515 houses were inspected, of which 1,613 were found to require some attention, with the result that 1,160 were repaired, 1,041 were cleansed and whitewashed, while others were dealt with as the conditions required, details of which appear in Table 5.

Sanitary
Inspection

Subsections (1) and (2) of Section 10 of this Act make provisions as to sanitary and other arrangements in shops, in so far that :—

Shops Act,
1934

“(1) In every part of a shop in which persons are employed about the business of the shop—

(a) suitable and sufficient means of ventilation shall be provided and suitable and sufficient ventilation shall be maintained ;

(b) suitable and sufficient means shall be provided to maintain a reasonable temperature and a reasonable temperature shall be maintained.

(2) In every shop, not being a shop exempted from the provisions of this subsection, there shall be provided and maintained suitable and sufficient sanitary conveniences available for the use of persons employed in or about the shop.”

According to the Act the above provisions are to be administered by sanitary authorities. The inspector appointed by the Local Authority under the Act is the Inspector of Weights and Measures, who, on finding apparent offences relating

to ventilation and temperature in shops, and to sanitary arrangements, reports them to this Department. During 1935 he referred forty-one premises to us for examination concerning such contraventions. The sanitary inspectors paid forty-seven visits and steps were taken, where necessary, to cause this part of the Act to be complied with.

Smoke Abatement

In former reports I have stated that smoke from factory chimneys is not a common source of nuisance in Northampton ; in fact there are relatively few factory chimneys in the Borough, considering that it is essentially an industrial centre. Our chief nuisance regarding smoke or fumes arises from the burning of leather chips in furnaces not adapted for the purpose, the chimneys being too low. Complaints arising from this practice are always investigated and remedied without legal action.

From what one gathers from the press, not much progress has been made with regard to smoke abatement throughout the country, as measured by the amount of soot and tarry matter deposited in certain areas ; in fact in some districts conditions are inclined to become worse.

Swimming Baths and Pools

The Borough Council provides swimming facilities in open-air baths or swimming pools at three points in the river Nene as it flows through the Town, viz :—(1) at Kingsthorpe, (2) at Miller's Meadow, and (3) at Midsummer Meadow. At the latter establishment the water used is obtained from the Northampton Electric Light and Power Company's works, where after chlorination and heating it is brought through a pipe under the river to the swimming pool. The only indoor bath in use at present is that attached to Barry Road Council School, owned by the Education Committee.

In addition to these municipal swimming baths, there is a privately owned open-air bath at Franklin's Gardens. This is a much more up-to-date establishment and is provided with filtration and chlorination plants.

No steps were taken by the Public Health Department for ensuring a proper standard of cleanliness and purity of the water in any of the baths, as there was no reason to suppose it was otherwise than satisfactory.

At the time of writing, the Corporation has under construction on The Mounts site up-to-date indoor swimming baths.

Schools

The Medical Officer of Health, the Assistant School Medical Officer, and the sanitary inspectors kept the sanitary condition of the schools under observation during the year.

There was an increase in the incidence of both scarlet fever and diphtheria, but neither disease assumed what might be termed epidemic proportions.

One infants' department was kept closed for an extra three days after the Whitsuntide holiday to cover the incubation period from an imported case of measles ; no spread occurred.

The Annual Report under the Canal Boats Acts was dispatched to the Ministry of Health before the appointed date, viz :—21st January. Mr. W. L. Monks, who took over on 20th May the inspectorship of canal boats from Mr. C. V. Frisby on the latter's resignation and removal from Northampton, reported that twenty-four boats were inspected. They were registered to carry seventy-one adults, but the actual number of occupants on board was forty-three adults and ten children. Two boats were found to be travelling without certificates, two required general repairs and painting, and one required minor repairs for leakages. No legal proceedings were required, letters being sent to the owners calling attention to these infringements. No case of infectious disease was notified in connection with any boat. The number of boats on the register believed to be in use is three. From these notes it will be seen there are no signs of any revival in canal traffic so far as Northampton is concerned.

Canal
Boats

The number of common lodging houses on the register at the end of 1935 was three, registered for the accommodation of 134 men. These were visited regularly by Inspector Walker and from time to time by the Chief Sanitary Inspector and the Medical Officer of Health.

Common
Lodging
Houses

It will be remembered that in my last report I mentioned a common lodging house in Castle Street Clearance Area, in respect of which a Compulsory Purchase Order was confirmed by the Minister of Health on 15th August, 1934. This building has now been demolished. Another common lodging house is situated in the Horsemarket Clearance Area, upon which a Compulsory Purchase Order was made by the Town Council on 18th July, 1935. The Order was confirmed on 25th April, 1936, and when the building is demolished there may be a shortage of accommodation for the type of men who inhabit such houses, as it will leave only two common lodging houses in the Borough with accommodation for eighty-two men.

The question of building a municipal lodging house came before the Public Health Committee at the meeting in February, 1936, but so far no decision has been reached. One of the difficulties is that of finding a suitable site.

We have no houses let in lodgings.

Table E, at the end of this volume, gives particulars of work done under the Factory and Workshop Act, 1901, set out in the prescribed form. The general scheme under which the Act is worked is that H.M. Inspector of Factories supervises the sanitary condition of all textile and non-textile factories,

Factories
and
Workshops

leaving the sanitary authority to take charge of workshops, workplaces, and domestic factories. If the Factory Inspector finds an insanitary condition in a factory he refers the matter to the local sanitary authority for necessary action.

Offensive
Trades

No applications to commence offensive trades were received and the number of names on the register remained as for several years past, viz :—two tanners and three tripe boilers. These trades were carried on without causing any nuisance. The premises were kept under observation, but no infringements of the bye-laws were observed.

Tents, Vans,
Sheds, etc.

We have only one shack dweller in the Borough and he is kept under observation by the district sanitary inspector. Northampton is not a favourite site for erection of tents, vans, and sheds, bye-laws for the control of these being in existence and rigidly enforced, thus van-dwellers know their presence would not be welcomed and that they would be invited to move off.

Premises
controlled
by Bye-
laws, etc.

Particulars of these, excepting the above-mentioned, will be found in Section V. (pages 31 to 37) dealing with food, as they comprise cowsheds, dairies, bakehouses, slaughterhouses, ice cream shops, etc.

Rag Flock
Acts, 1911
and 1928

The premises where rag flock is used in the manufacture of low-priced furniture, cushions, etc., were visited by the Chief Sanitary Inspector on nine occasions for the purpose of examining invoices to ascertain if they guaranteed that the flock reached the standard prescribed in the Rag Flock Regulations, 1912. As all the invoices were found to be in order, no samples were taken for analysis.

Rat
Repression

The Borough Rat-catcher, working under the supervision of the Chief Sanitary Inspector in his official capacity of Rat Officer, is at the service of any ratepayer requiring his help or advice in ridding his premises of rats. During the year, 3,766 rats were accounted for. No official “rat week” was held, every week being a “rat week” so far as we are concerned.

Table 13 (page 84) gives the annual figures from the commencement of the work.

IV.—HOUSING.

Council
Houses

The Borough Engineer has supplied the Department with particulars of the progress made under the municipal housing schemes :—

Number of Council houses completed during 1935 .. 264
Total number of houses erected by the Corporation
up to 31st December, 1935 3,741

In addition to the above, the following private building operations, plans for which had been approved by the Highways Committee, were carried out during the year :—

New houses (private enterprise)	514
Additions to houses	12
Shops and houses combined	12
New shops and offices	9
Extensions to offices	3
Lock-up shops	16
Shop fronts to dwellinghouses	13
New iron foundry	1
Reconstruction of stores	1
Extensions to factories and warehouses	8
New dairies	5
Additions to place of worship	1
Hospital extensions	2
Additions to nursing homes	2
Brewery alterations	2
New licensed premises	1
Alterations to licensed premises	6
Additions to working men's club	1
New cinema	1
Service garages	11
Motor houses	76
Electric light sub-stations	4
New public lavatories (Corporation)	4
New water closets and lavatories	12
Temporarily licensed buildings	13

Other New
Buildings

Tables 8 and 9 (pages 81 and 82) contain particulars of houses represented in 1935 and previous years under the Housing Acts, 1909-30. It will be seen that fourteen individual dwelling-houses were represented by the Medical Officer of Health during the year under Section 19 of the Housing Act, 1930, because they seemed to be unfit for human habitation and were not capable of being rendered fit at a reasonable expense. Seven Demolition Orders were made by the Town Council under the 1930 Act and at the end of the year the making of Demolition Orders in twelve other instances was under consideration. Twelve houses were demolished in pursuance of Demolition Orders; five others which were represented in 1931, but were not subject to Demolition Orders, were also demolished. When the year closed, no house on which a Demolition Order was operative was still occupied.

Housing
Acts

The progress made with the Clearance Areas is mentioned under the heading "Slum Clearance," which follows.

Nine houses were repaired under the provisions of Section 17 of the Housing Act, 1930. In the case of Nos. 1, 2, 3, 4, and 5, Bailiff Street, the work was eventually done by the owner, but no start was made until after the notices had expired and

the Corporation had threatened to execute the work and recover the cost. Although three months were allowed, it was seven months before the work was finally completed. The owner of Nos. 6, 7, 13, and 15, Bailiff Street made some attempt to do the work specified in notices served upon him, but it was done in an unsatisfactory manner and the Corporation eventually had to enter and complete it. Six months elapsed from the service of the notices to the completion of the work and when the year ended the Town Clerk had taken steps to recover the cost (£82). He received a cheque for this amount in February, 1936.

The staff made 1,812 visits of house-to-house inspection under the Housing Consolidated Regulations, 1925 and 1932, and found defects in 1,369, chiefly want of cleanliness and repairs.

Slum
Clearance

In last year's report, on pages 23 to 27, I reported in detail on the progress made with slum clearance from the time the first area was represented on 12th January, 1931.

CLEARANCE AREAS IN GROUP II. It was then mentioned that an inquiry was held at the Guildhall on 6th March, 1935, by W. J. Brown, Esq., F.R.I.B.A., to hear the evidence of objectors to Russell Terrace and Green Street Compulsory Purchase Orders and four of the Clearance Orders, viz:—Swan Street, Foundry Street No. 2, Tanner Row, and Tanner Street. As a result, all the Orders were confirmed on 19th June, 1935, but one house and land adjoining was excluded from Tanner Row Clearance Order on condition that the premises were not used again for human habitation. These premises were previously occupied by three persons.

Foundry Street No. 1 and Fetter Street Clearance Orders, to which there were no objections, were confirmed by the Minister of Health at the same time.

The Housing Committee had postponed consideration of Weston Street and Weston Row Clearance Areas. On 1st April, 1935, however, the Council made a Clearance Order in respect of Weston Street Area and a Compulsory Purchase Order in the case of Weston Row. An inquiry into these Orders was conducted at the Guildhall on 12th November, 1935, by P. A. Hopkins, Esq., O.B.E., F.R.I.B.A., and they were confirmed, without amendment, on 25th April, 1936.

CLEARANCE AREAS IN GROUPS III. AND IV. The following areas, called "Groups III. and IV." in the five-year programme, were officially represented to the Housing Committee by the Medical Officer of Health during 1935 ;—

Clearance Areas.	When Re-presented.	Houses to be Demolished.	Persons to be Displaced.
Lower Harding Street	26-2-35	25	109
Crispin Street	26-2-35	34	114
Spring Lane	26-2-35	54	216
Horsemarket*	10-4-35	9	55
St. George's Square ..	28-10-35	6	24
Paradise Row	28-10-35	12	29
Nelson Street	31-10-35	75	263
Spring Lane Yard ..	8-11-35	5	7
Totals		220	817

(*Horsemarket Area also included a common lodging house, with registered accommodation for fifty-two lodgers, but actually occupied by twenty-six when represented).

Eight of the above 220 houses were vacant (one in Spring Lane, two in Horsemarket, two in Nelson Street, and three in Spring Lane Yard Areas), so that the 212 occupied dwelling-houses were inhabited by 817 persons (574 adults and 243 children)—an average of 3·9 persons per house.

Spring Lane and Nelson Street Areas were dealt with partly by way of Compulsory Purchase Orders and partly by Clearance Orders. Compulsory Purchase Orders were made on Lower Harding Street, Crispin Street, and Horsemarket, and Clearance Orders on the remainder.

Ten houses (occupied by thirty-seven persons), a large hall, sheds, etc., were added in the "grey" area in connection with Spring Lane Compulsory Purchase Order, some sheds and land in the "grey" area attached to Horsemarket Compulsory Purchase Order, and five houses and land in the "grey" area to be acquired in connection with Nelson Street Compulsory Purchase Order.

An inquiry was held at the Guildhall on 12th November, 1935, by P. A. Hopkins, Esq., O.B.E., F.R.I.B.A., to hear the evidence of objectors to Crispin Street, Spring Lane, and Horsemarket Compulsory Purchase Orders and Spring Lane Clearance Order, and confirmations of the Orders, with slight modifications, were dated 25th April, 1936.

The inquiry into Lower Harding Street Compulsory Purchase Order was not held until 14th January, 1936, when F. Collin Brown, Esq., A.R.I.B.A., attended at the Guildhall to hear objections. The Order was confirmed on 13th March, 1936, after the Minister had excluded the licensed premises known as "Earl Spencer's Arms." The Order as confirmed comprised twenty-four houses occupied by 106 persons.

It is expected that inquiries may be held sometime during the summer into Nelson Street Compulsory Purchase Order, and St. George's Square, Paradise Row, Nelson Street, and Spring Lane Yard Clearance Orders,

Public
Health
Acts

Table 5 (page 78) gives particulars of the work of the sanitary inspectors under these Acts.

Four houses were certified by the Medical Officer of Health under the terms of Section 46 of the Public Health Act, 1875, as being in such a filthy or unwholesome condition that the health of the occupants was affected or endangered thereby. The notices were not served until towards the end of the year and at the time of writing the work, although started, had not been completed.

Prosecutions

An owner was summoned during the year for failing to carry out at three houses work for which notices had been served upon him under Section 94 of the Public Health Act, 1875. The Bench made an Order for the work to be executed within twenty-one days and Corporation costs to be borne by defendant. The work was completed by the time the case came again before the Court.

For prosecutions under the Food and Drugs (Adulteration) Act, 1928, *see* page 35.

Over-
crowding

The few cases of overcrowding brought to the notice of the Department were dealt with without recourse to legal proceedings.

As a matter of interest, I would like to draw your attention to some details which have been extracted from the Registrar-General's Reports on the 1931 Census. In these Reports the Registrar-General makes a practice of using a comparative density index of "more than two persons per room." He makes no pretence of laying this down as a standard of overcrowding, but uses it as a measure by which to gain a general idea of the amount of overcrowding in any area. The Registrar-General's interpretation of the word "room" is the usual living rooms, including bedrooms and kitchens, but excluding sculleries, landings, lobbies, closets, bathrooms, shop rooms, etc. At the 1931 Census, there were 231 private families in Northampton (excluding the area added in 1932) living at a density of more than two persons per room. As there were 24,966 private families, this represents a percentage of 0.93 (compared with 3.9 per cent. for England and Wales). The population in these 231 families was 1,784; (the population in similar private families in 1921 was 2,393). The percentage of the population represented by the above figures was 2.00 in 1931 (compared with 6.9 per cent. in England and Wales); in 1921 it was 2.71 per cent. in Northampton.

In one of the tables the Registrar-General has arranged the eighty-three county boroughs according to their proportion of families housed at densities exceeding two persons per room and Northampton comes out the second best in the list, being beaten only by Bournemouth. It is also much better than any

of the metropolitan boroughs and most of the administrative counties.

From the foregoing I think it may be inferred that overcrowding is not a serious problem in Northampton.

Section 1 of the Housing Act, 1935, made it a duty for every local authority, before such dates as may be fixed by the Minister of Health, to cause an inspection of their district to be made with a view to ascertaining what dwellinghouses therein are overcrowded and to prepare and submit to the Minister a report shewing the number of new houses required in order to abate overcrowding in their district, and unless they are satisfied that the required number of new houses will be otherwise provided, to prepare and submit to the Minister proposals for the provision thereof. The Minister subsequently fixed the following dates:—

(1) for the completion of inspection—1st April, 1936.

(2) for the submission of the report—1st June, 1936.

(3) for the submission of proposals—1st August, 1936.

In order to help to carry out the above-mentioned inspection, six enumerators were temporarily engaged by my Department and they commenced the survey on 30th December, 1935. At the end of five weeks, one man left to take up a permanent post elsewhere and the remaining five men finished on 25th March. The tabulating process in connection with the work is now in progress and a report will be presented in due course to the Public Health Committee. An account will also appear in my next annual report.

The Corporation erected 3,741 houses (up to the end of December, 1935) and private enterprise has been responsible for an estimated number of 3,400 more since the War, and both the Corporation and private enterprise are still busily engaged in producing more houses, so that it would appear the time must not be far distant when the deficiency in dwellinghouses will be overcome, especially when one remembers the almost negligible increase in the population. One must not overlook the fact that since the War the number of separate families has increased out of all proportion to the increase in the population. The erection of blocks of flats for the accommodation of the working classes on the cleared sites in Scarletwell Street and Bath Street, and Bell Barn Street is an innovation for Northampton, and one which few could have ever expected.

At the end of the year the Housing Department had on its books the names of 2,049 applicants for Council houses, of which 955 were living in rooms, 620 were tenants of privately owned houses, and 228 lived outside the Borough. These figures are an increase on those given in my last report and shew that in spite of an unprecedented amount of building there is still a cry for more houses.

Sufficiency
of Supply
of Houses

The particulars for 1935 are set out below in the form required by the Ministry of Health :—

1.—*Inspection of Dwellinghouses.*

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	2,515
(b) Number of inspections made for the purpose	2,515
(2) (a) Number of dwellinghouses (included under sub-head (1) above) inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	1,812
(b) Number of inspections made for the purpose	1,812
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	238
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,375

2.—*Remedy of Defects without Service of Formal Notices.*

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	364
--	-----

3.—*Action under Statutory Powers.*

A.—Proceedings under Sections 17, 18, and 23 of the Housing Act, 1930 :—

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	9
(2) Number of dwellinghouses rendered fit after service of formal notices :—	
(a) By owners	5
(b) By Local Authority in default of owners	4*

B.—Proceedings under Public Health Acts :—

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	1,002
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) By owners	1,070
(b) By Local Authority in default of owners	0

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwellinghouses in respect of which Demolition Orders were made	7
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	12†

D.—Proceedings under Section 20 of the Housing Act, 1930 :—

- | | |
|---|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 0 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | 0 |

*Part of the work required at these four houses was done by the owner, in an unsatisfactory manner, and Corporation workmen had to enter and complete it (see page 26).

†Five more dwellinghouses were demolished after representations only.

Reference should be made to Section III. "Sanitary Circumstances" for other information bearing on housing.

The estimated number of inhabited houses in the Borough on 31st December, 1935, was 27,600.

Other
Housing
Matters

V.—INSPECTION AND SUPERVISION OF FOOD.

The number of milch cows housed within the Borough at the end of December, 1935, was 113. The premises of registered producers were kept under supervision by the district sanitary inspectors, with occasional visits from the Chief Sanitary Inspector and the Medical Officer of Health.

Milk
Supply

We have no reason to believe that any appreciable change has taken place in the percentage of "Pasteurised" milk consumed in the Borough, or in the milk consumption per head of the population in Northampton. That milk is an all-round food is believed by most persons, but few make any effort to obtain more than a meagre supply, either for themselves or their children. True, of late years the deficiency as regards milk for children has been to some extent lessened by the introduction of milk in schools, where children can obtain a third of a pint of "Pasteurised" milk in a sealed bottle for one halfpenny. "Grade A (Tuberculin Tested)" milk is still too expensive for working-class families.

The report on the chemical examination of milk by the Public Analyst will be found on page 35 under the heading dealing with the Food and Drugs (Adulteration) Act, 1928, while on page 33 the results of bacteriological examination of designated and ordinary milks are summarised.

The supplying of "Pasteurised" milk in bottles during the forenoon to school children continued. It will be remembered that under the Milk Marketing Board's scheme the price was lowered in October, 1934, from a penny to a halfpenny for a third of a pint of milk in a sealed bottle (with a straw for imbibing the milk). The fall in price led immediately to a considerable

Milk in
Schools

increase in consumption, the full effect of which was felt in 1935, when 1,182,447 bottles were supplied to schools, compared with 808,288 in 1934 and 571,156 in 1933, *i.e.*, the amount has doubled within two years. During the year, an average of just over half the scholars on the roll were receiving milk. Children whose parents are considered to be financially unable to afford to pay received the milk free; the scheme is not, therefore, entirely self-supporting. The highest number of bottles of milk consumed in any one full week was 31,409 during the week ended 11th January, 1935, and the lowest was 14,877 in the week ended 8th November. The greatest number of scholars taking milk was 7,154 during the week ended 11th January and the smallest was 5,665 in the week ended 20th December.

Tuberculosis
Order, 1925

One hundred and thirty milch cows were examined in April and 113 in November by Major J. J. Dunlop, M.R.C.V.S., D.V.S.M., the Veterinary Inspector appointed by the Local Authority under the Order, with a view to ascertaining if any of them were suffering from tuberculosis. During the year one producer gave up his premises in the Town and moved into the County, which accounts for a smaller number of cows being examined at the second inspection. No cow was found to be in a condition suggesting tuberculosis.

Forty-three samples of milk were examined by inoculation tests for the presence of tubercle bacilli. Two samples (both from producers outside the Borough) were reported to contain the bacilli. In both instances the matter was reported to the County Public Health Authorities, who had further samples taken from these producers and examined by biological methods, but in each case no tubercle bacilli were found. We also took further samples with the same result.

Dairies,
Cowsheds,
and
Milkshops

At the end of December, eleven cowkeepers, 156 retail dairymen, and eight wholesalers were on the register. Twenty-eight of these retailers live outside the Borough and their premises were inspected by officers of the rural sanitary authorities and passed as fit for the purpose before they were placed on our register. In addition, 193 persons are allowed to sell milk in bottles only, on condition the seal of the bottle is intact when it leaves the premises. These premises are places where conditions are not considered suitable for the sale of loose milk. Twenty-two certificates of registration were issued, sixteen being transfers. The inspectors paid 566 visits to registered premises, during which defects were found in thirteen instances; these were remedied.

Sterilised
Milk

No appreciable change has taken place since my last report in the importation and distribution of this type of milk, which still seems to fill a want in the domestic life of some families.

At the end of 1935, the following licences under this Order were in operation :—

Dealers' licences to use the designation " Grade A (Tuberculin Tested) " :—

(a) bottling establishments	2
(b) shops	16

Dealers' licences to use the designation " Pasteurised " :—

(a) pasteurising establishments	4
(b) shops	3

These licences were held by sixteen dairymen. There was no application from any dealer to sell " Certified " milk.

Fifty-three samples of milk were taken for bacteriological examination, *i.e.*, bacterial count, viz :—eight " Grade A (Tuberculin Tested)," eight " Pasteurised " sold as such, two " Pasteurised " sold in bottles as ordinary milk, two " Pasteurised " sold loose as ordinary, twelve ordinary milk in bottles, one ordinary milk in a carton, nineteen ordinary loose milk purchased in the street or from a dairy, and one loose skim milk.

Two of the " Grade A (Tuberculin Tested) " milks failed to reach the standard prescribed in the Order, either containing coliform bacilli in 0·01 c.c. or the number of bacteria being too high, or both. The average bacterial count of the other six " Grade A (Tuberculin Tested) " samples was 1,108, the highest being 3,100 and the lowest 200 per c.c.

All the eight " Pasteurised " milks complied with the requirements of the Order, most of them being again well within the limit, the average number of organisms per c.c. being 2,916, the highest 11,520 and the lowest 88. One " Pasteurised " milk had coliform organisms in 0·01 c.c.

The four " Pasteurised " sold as ordinary milk contained an average of 154,020 bacteria per c.c. Coliform organisms were present in 1 c.c. only in two samples, but in 0·01 c.c. and 0·001 c.c. in the other two.

The average count of the thirty-two ordinary milks was 47,205 per c.c., the highest 464,000 and the lowest 260. From the coliform standard, the worst one contained these organisms in 0·0001 c.c. and seven others had them in 0·001 c.c.

These results may be considered satisfactory and as shewing the care with which the bulk of the Town's milk is produced and distributed.

All the sixteen samples of designated milk were also sent to the Public Analyst for chemical examination and the average contents were as follow :—

	MILK-FAT.	NON-FATTY SOLIDS.
" Grade A (Tuberculin Tested) (eight samples)	3·75 per cent.	8·90 per cent.
" Pasteurised " (eight samples)	3·59 per cent.	8·88 per cent.

Milk
(Special
Designa-
tions) Order,
1923

Food
Inspection

No change was made in the arrangements for food inspection, which include the inspection of meat, slaughterhouses, shops, stalls, and places where food is prepared or sold. One member of the staff is specially appointed as Meat and Food Inspector, devoting all his time to this work, whilst four of the other inspectors give only a portion of their time to it, the whole being supervised by the Chief Inspector. The plan has worked satisfactorily for years. Tables 10, 11, and 12 (pages 83 and 84) give particulars of food condemned.

Grading and
Marking of
Foodstuffs

The inspectors continue to carry out the duties imposed by the Merchandise Marks Act, 1926, and the Agricultural Produce (Grading and Marking) Act, 1928, and the numerous Orders made thereunder.

Slaughter-
houses

Forty-six slaughterhouses were on the register at the end of the year. Thirty-five of these were registered or licensed before the adoption of Part III. of the Public Health Acts Amendment Act, 1890. The remaining eleven are on annual licences renewable each January. The matter of Sunday slaughtering, about which we have received complaints from time to time, has, I understand, been recently considered by the Butchers' Association with a view to its discontinuance, which will be a move in the right direction.

The inspectors paid 4,911 visits of inspection during the year, 4,614 during actual slaughtering. Fifty-two infringements of the bye-laws were discovered, the chief one being failure to whitewash at the proper times. These infringements were remedied without legal action.

Slaughter of
Animals
Act, 1933

The object of this Act and the duties it places on local authorities were explained two years ago. The number of slaughtermen on the register at the end of the year was 219, an increase of nine during 1935.

Public
Health
(Meat)
Regulations,
1924

These Regulations, framed with the object of facilitating the inspection of meat, imposed upon butchers (amongst other things) the obligation of giving notice to local authorities of intention to slaughter either at fixed times on specified days, or if out of these usual times, three hours' notice must be given, except in case of emergency. 248 such notices were received during 1935.

There was no necessity to resort to legal action in any breach of the Regulations, letters from the Department being effective where any infringement was discovered.

Disease in
Meat

Table 11 (page 83) gives particulars regarding tuberculosis found in slaughtered animals and shews its prevalence amongst pigs and bovines. 60·6 per cent. of whole and 94·1 per cent. of

part carcasses of beef and pork condemned were surrendered on account of being infected by tuberculosis. 263 part carcasses of pork were condemned by the inspectors and 260 of them were affected with tuberculosis. These figures shew that tuberculosis is by far the most common disease found in slaughtered cattle and pigs.

No seizure of unsound meat was made by the officers of the Department. All the meat condemned was either found by the inspectors at the time of slaughter or the inspector's attention was called to it by the butcher, who was willing to accept the officer's decision. The local butchers have amongst themselves an arrangement for contributing to a common fund out of which they receive compensation for diseased carcasses or parts of such as are voluntarily surrendered, on the certificate of the inspector, and this has done much to help us in keeping the meat supply sound.

Section 117
of the Public
Health Act
1875

At the end of December, ninety-seven bakehouses were in use. To these the inspectors paid 316 visits of inspection and found thirty-nine infringements of the Act, chiefly want of whitewashing. These were all rectified without legal proceedings.

Bakehouses

Under this heading come premises where food is dealt with, other than those already mentioned, including those connected with the manufacture and storage of potted meats, jams, sweets, ice cream, etc. 1,334 visits of inspection were paid to these premises.

Other
Premises
dealing
with Food

No instance of suspected food poisoning came to the notice of the Department.

Food
Poisoning

323 samples (including 120 informal) were taken under this Act by the sanitary inspectors and submitted to the Public Analyst. The nature of these samples is given in detail in Table 14 (page 85). Eighteen of them (5.6 per cent.) were found to be not genuine, compared with 4.5 per cent. in 1934. The figure for non-genuine samples averages about five per cent. from year to year. Ten of the defaulting samples were obtained informally, consequently no legal action could be taken regarding them. The eight official samples found to be not genuine (all milks) were dealt with as follows :—

Food and
Drugs
(Adultera-
tion) Act,
1928

No. 28 was deficient in milk-fat to the extent of 6.0 per cent. On the instructions of the Executive Committee of the Public Health Committee, a warning letter was sent by the Town Clerk.

No. 53 was 9.3 per cent. deficient in milk-fat. The vendor was summoned, but the case was dismissed.

No. 97 was 7·3 per cent. deficient in milk-fat. Case dismissed.

No. 117 was 14·0 per cent. deficient in milk-fat. Case dismissed.

No. 123 was 7·3 per cent. deficient in milk-fat. Warned.

No. 154 was 3·7 per cent. deficient in milk-fat. Warned.

No. 202 was 13·3 per cent. deficient in milk-fat. Warned.

No. 219 was 6·7 per cent. deficient in milk-fat. Case dismissed, the Bench being satisfied the milk was sold as it came from the cow.

All the milks submitted to the Public Analyst were examined for the presence of preservatives, but none was detected.

The average fat content of the 194 samples of genuine milk was 3·62 per cent. and the non-fatty solids 8·88 per cent. Some of these were designated milks (*see* page 33). The corresponding figures laid down as a minimum by the Ministry of Agriculture and Fisheries are 3·0 and 8·5. In other words, any milk which contains less than 3·0 per cent. of milk-fat and/or less than 8·5 per cent. of non-fatty solids is presumed to be not genuine.

One sample of skim milk was found to contain 0·10 per cent. of milk-fat. It was a good sample of skimmed product.

Preservatives, etc.

No legal proceedings were taken under the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927, as the two samples of sausages found to contain preservatives were both taken informally—one contained 166 parts per million of sulphur dioxide and the other 0·023 per cent. boric acid. In the former case the only offence was in not declaring the sausages to be preserved. Later samples from the same sources proved to be genuine.

No action was taken under the Artificial Cream Act, 1929, the Public Health (Condensed Milk) Regulations, 1923 and 1927, or the Public Health (Dried Milk) Regulations, 1923 and 1927.

Chemical Work

All chemical analysis required by the Local Authority is carried out by the Public Analyst to the Borough, Mr. A. Prideaux Davson, A.R.C.Sc. (Lond.), F.I.C., F.C.S., of Bermondsey.

Bacteriological Work

No bacteriological examination of food (other than milk) was done, as none was required. The examination of milk for bacterial count was performed at the Pathological Laboratory of the Northampton General Hospital, and for the presence of the tubercle bacillus at the Lister Institute of Preventive Medicine.

Nutrition

No action was taken in connection with the dissemination of knowledge regarding nutrition or the relative values of food

beyond that involved in carrying out the maternity and child welfare scheme.

VI.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During 1935, fifteen deaths were certified as due to the so-called “ zymotic diseases,” giving a “ zymotic death-rate ” of 0·16 per thousand living, the second lowest rate of which we have record. The deaths from these diseases are given below :—

	NUMBER OF DEATHS.	DEATH- RATES.
Diarrhœa (under two years)	3	0·03
Diphtheria	3	0·03
Enteric Fever	0	0·00
Measles	0	0·00
Scarlet Fever	2	0·02
Smallpox	0	0·00
Whooping Cough	7	0·07

Each of these diseases is dealt with separately in the next three or four pages of this report.

As these diseases are not notifiable under the Infectious Disease (Notification) Act, 1889, our knowledge of their incidence is not very exact, but from the weekly returns furnished by head teachers of public elementary schools, in which only nineteen cases of measles were reported, and from information kindly supplied by Dr. Mason, the Assistant School Medical Officer, and from the fact that no death was attributed to this disease, measles does not appear to have been very troublesome during the year. The measles death-rate for England and Wales was 0·03.

Measles and
Whooping
Cough

Measles is not a serious problem in Northampton, nor has it been for some years. No serum has been used, or issued, by the Public Health Department either for prophylaxis or attenuation.

There were 428 cases or suspected cases of whooping cough reported from the schools, of which 401 occurred during the first half of the year. Four cases, all from the Scattered Homes, were treated at Harborough Road Infectious Diseases Hospital. Seven deaths were attributed to whooping cough, giving a death-rate of 0·07, compared with 0·04 for the country.

Three deaths of children under two years of age were attributed to these diseases, giving a death-rate of 2·6 per thousand live births registered, compared with 5·7 for England and Wales.

Diarrhœa
and
Enteritis

This subject is also dealt with on pages 48 and 72,

- Influenza** Twenty deaths were assigned to influenza (ten males and ten females), of which seven were due to influenzal pneumonia. The deaths from this disease vary considerably from year to year, being ten in 1934 and forty-six in 1933. The local death-rate from this cause was 0·21, compared with 0·18 for England and Wales.
- Cerebro-spinal Fever** Four cases of cerebro-spinal fever were notified, three of them being from other districts brought into the Town for diagnosis and treatment and not notified elsewhere. All were treated by serum at the General Hospital. One of the out-of-town cases died in the General Hospital, a baby girl of six months, the death being transferred to her own area.
The death also took place at the General Hospital of an unnotified case—a Northampton child of seven months.
- Acute Anterior Polio-myelitis** Two notifications of infantile paralysis were received from the General Hospital, one of them referring to an out-of-town child not notified before admission. This latter case died and the death was transferred to its own area. The Borough case was later removed to Manfield Hospital and was still under treatment at the end of the year.
In addition, two of the cases mentioned in my 1934 report died during 1935; one died at the General Hospital from poliomyelitis and the other at Manfield Orthopædic Hospital from whooping cough.
- Encephalitis Lethargica** One death was certified as due to influenza and encephalitis lethargica. The patient was a woman aged twenty-four years, and was not notified.
- Enterica** One notification of paratyphoid fever " B " was received, referring to a man aged sixty-five years. Though careful inquiries were made, the source of the infection was not traced. The patient was treated at the Borough Infectious Diseases Hospital and made a good recovery. The attack-rate was 0·01 for the Borough, compared with 0·04 for England and Wales.
- Dysentery** One notification of dysentery was received, referring to an ex-soldier who suffered from the disease during 1917 and has had several relapses since. He was apparently not very ill, and recovered without hospital treatment.
- Erysipelas** Fifty notifications of erysipelas were received, giving an attack-rate of 0·52 for the Borough, as against 0·42 for England and Wales. Four of the patients were removed to the General Hospital, one to St. Edmund's Hospital, and one was admitted twice (in January and October) to the Borough Infectious

Diseases Hospital. Four deaths (including an unnotified case) were certified as being due to erysipelas.

This disease not being notifiable in the Borough our knowledge of its incidence is not very precise, but 477 cases or suspected cases were reported from the public elementary schools. Chickenpox

The three Public Vaccinators for the Borough remain as in the previous year, viz :— Vaccination

Dr. E. Robertson, 220, Kettering Road ;

Dr. J. Cullen, 5, St. Matthew's Parade ;

Dr. H. F. Percival, 2, Spencer Parade.

These officers cover for vaccination purposes the same areas they serve for medical out-relief. (*See* page 14).

The Medical Officer of St. Edmund's Hospital also acts as Vaccinator.

Mr. F. Taylor and Mr. R. Bennett still officiate as Vaccination Officers. From the returns furnished by these officers it appears that of the 1,292 infants whose births were registered in the Borough during 1934, only ninety-five were vaccinated, equal to 7·4 per cent.

During 1935, no vaccinations were performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

No case of smallpox came to the notice of the Department during the year. As a matter of fact, only one case was notified in the whole country. Smallpox

Four hundred and fifteen notifications of scarlet fever were received. This is the highest number since the big outbreak of 1924 and is 175 more than in 1934, and gives an attack-rate of 4·29 per thousand of the population, compared with 2·96 for England and Wales. 190 were males and 225 females. 285 of the notifications referred to school children. The incidence of scarlet fever has shewn a rise during the last few years taking the country as a whole, and in Northampton there was not during 1935 the marked falling away of notifications during the late spring and summer months with an autumn rise culminating in a peak in November, which was a striking feature with the disease in former times. The type of disease on the whole remained mild. 332 patients were removed to the Borough Infectious Diseases Hospital, Harborough Road, where after a period of observation seventy-eight were found to be not suffering from scarlet fever. Two deaths were attributed to this disease, giving a death-rate of 0·02, compared with 0·01 for England and Wales. Scarlet
Fever

Diphtheria

Forty-two notifications of diphtheria were received (including four from the General Hospital relating to persons normally resident outside the Borough), giving an attack-rate of 0·43, compared with 1·60 for England and Wales. Fourteen related to males and twenty-eight to females. Forty-nine cases (including one re-admission after tracheotomy at the General Hospital and twelve from the General Hospital, of whom six were only "carriers" and shewed no sign of clinical diphtheria) were admitted to the Borough Infectious Diseases Hospital, Harborough Road. Of the forty-nine patients admitted to Harborough Road Hospital, twelve were found to be not suffering from diphtheria. Only one patient shewed any laryngeal symptoms, viz :—the child above mentioned, who was transferred to the General Hospital for tracheotomy and re-admitted to Harborough Road Hospital, where he made an uninterrupted recovery. Three deaths were attributed to diphtheria, two at Harborough Road Hospital and one (not notified) at home, giving a death-rate of 0·03, compared with 0·08 for England and Wales.

Sixty phials (480,000 units) of antitoxin for curative or preventive treatment were issued free to general practitioners in the Town on application to the Public Health Department at a cost of £19, this being in addition to the antitoxin used at the Infectious Diseases Hospital.

Sixty Years
of Diph-
theria in
Northamp-
ton

During the last few years so much attention has been drawn to the incidence of and immunisation against diphtheria, both in the lay and medical press, that I have included in this year's report a table (Table 15, pages 86 and 87) giving the salient features connected with diphtheria as it has occurred in Northampton during the last sixty years.

The Infectious Disease (Notification) Act, 1889, came into force in December of that year, so that we have a complete list of notifications commencing in January, 1890, and death-rates going back to 1876. It is of some interest (but not of much use for statistical purposes) to note the fluctuations, the rise and fall in the number of notifications which were relatively few until just before the War. Interesting as the number of notifications may be, it is much more profitable to examine the attack-rates, which are based on the number of notifications per thousand living; here allowance is made for the great increase in the population which has taken place in Northampton since notification became compulsory. I think it may be assumed that the application of the Act was not so complete during the early nineties as it afterwards became, but it will be seen from the table that the attack-rates in the Borough kept fairly steady between 0·18 and 0·44, with one year of 0·55, until 1911, when there was a marked increase reaching the peak in 1915 with a rate of 3·42, over ten times as great as in the early nineties. Since the War there has been a rise and

fall in the attack-rates, with a decided tendency to remain much below those for England and Wales during the last five years, in fact they have averaged barely one-third.

The next column in the table to attract our attention is the one headed "death-rates," and we notice how low was the death-rate from diphtheria in Northampton during the last quarter of the nineteenth century and how it rose during the War years to fall again to a gratifyingly low level, the rate for the last quinquennium being only 0·02 per thousand of the population, compared with 0·07 for England and Wales. Before leaving the death-rates one may say that during the sixty years under review the diphtheria death-rate in Northampton has been below that for England and Wales on forty-six occasions (in most years very much below), on two occasions the rates were equal, and on twelve it has exceeded the rate for England and Wales.

Another interesting feature in the table is that the introduction of antitoxin about 1894 in the treatment of diphtheria did not apparently produce any immediate fall in the death-rate from this disease, either in Northampton or in England and Wales. However gratifying the fall may have been in case-mortality figures, the fact remains that the death-rates for England and Wales were lower for the decennium 1881-1890 than they were for the ten years 1896-1905, by which time antitoxin was in general use. This is not to be taken as inferring that antitoxin treatment is a failure or has not come up to expectations. Its great therapeutic value when given reasonably early is well known to all who have had experience with it. Of late years certain factors have been at work which tend to throw a false light on antitoxin treatment as it has affected case mortality-rates, one of these being the notification and inclusion of cases as diphtheria which were not suffering from the disease, and in this respect one must to some extent blame the swab, which has led to cases being called diphtheria and sent to hospital when shewing no clinical signs of the disease. To such an extent is this carried on that in some large towns about one-third of the patients admitted to hospital as diphtheria are found to be not suffering from that disease.

While on this subject it may not be out of place to recall the claims which have been made for immunisation against diphtheria and to say that the great fall in both notifications and death-rates in Northampton has come about without any immunisation. Had we immunised a few thousand children during 1930 we could have claimed that the almost complete absence of diphtheria from the Town during 1933 was a direct result of this procedure, whereas it occurred without it. It appears to me that too little emphasis is placed on the periodicity of the disease and too much taken for granted when making claims for immunisation,

Pneumonia

There were 149 notifications of pneumonia (fifty less than in 1934), giving an attack-rate of 1·54 per thousand, compared with 1·15 for England and Wales. Seventy-five were of males and seventy-four of females. Twenty-three were stated to be broncho-pneumonia and seventeen as following influenza. Twenty-one of the patients were treated at the General Hospital, two at St. Edmund's Hospital, and one at Harborough Road Hospital. The latter case was found not to be suffering from pneumonia. In addition, eight deaths were certified as due to pneumonia (either primary or influenzal) for which no previous notification had been received, bringing the total known cases up to 157.

Fifty deaths were attributed to pneumonia, of which nineteen were classified as broncho-pneumonia and seven following influenza, leaving twenty-four for the lobar type, the common form in adults. The death-rate from all forms of pneumonia was 0·52.

Borough
Hospitals

HARBOROUGH ROAD INFECTIOUS DISEASES HOSPITAL. A full description of this hospital appeared in my report for 1930 and further reference is made to it on page 14. Table 17 (page 88) gives the statistics for 1935. In spite of the persistence of scarlet fever over the whole twelve months, it was only during a short period that half the available beds were occupied. The highest number of patients under treatment at any time was fifty-nine, viz :—forty-three scarlet fever, fifteen diphtheria, and one enteric on 23rd October.

WELFORD ROAD TUBERCULOSIS HOSPITAL. Reference should be made to the reports for 1930 onwards and to pages 14 and 56 of this report. This hospital, with accommodation for thirty-two patients, was made good use of during the year, the average number of beds occupied being 29·4. There is not so much prejudice against making use of Welford Road as there formerly was, when it was looked upon as merely a home for the dying. The more the public see of this institution the more favourably are they impressed by it.

SMALLPOX HOSPITAL. As there was no case of smallpox or suspected smallpox in the Borough during the year, the hospital remained closed, but was maintained in such a state as to be ready for the reception of patients at a few hours' notice, a porter from the Infectious Diseases Hospital visiting it weekly. For description of site, etc., the report for 1930 should be consulted. (*See also* page 14).

ST. EDMUND'S HOSPITAL. This hospital, containing 191 beds of which 166 were occupied on 31st December, 1935, is not under the management or control of the Public Health Committee, but is administered as part of a "mixed institution" by the Public Assistance Committee. This committee consists of sixteen members of the Borough Council together with eight co-opted members. The patients are mostly chronic and infirm

cases or persons suffering from inoperable cancer, etc. Here again, owing to improvements in the buildings and the efficient nursing services rendered, the popularity of the institution has increased so that the beds are well occupied. Only in the maternity department, the most up-to-date and efficient part of the whole institution, is there a dearth of cases. (*See also* page 14).

Five cases of puerperal fever were notified, one more than in 1934. Four were doctors' cases ; the other occurred in the practice of a midwife. The attack-rate was 4·17 per thousand total births registered, compared with 3·60 for England and Wales. All were treated in the General Hospital. No death from puerperal fever occurred amongst Borough residents during the year.

Puerperal
Fever

Ten notifications of puerperal pyrexia were received, five of which referred to non-residents of Northampton not previously notified in their own areas. The attack-rate was 8·33 per thousand total births registered, compared with 9·44 for England and Wales. Five of the notifications concerned doctors' cases, two midwives', and three institution cases. Two deaths (both from sepsis) occurred in non-residents undergoing treatment at the General Hospital and were referred to their own areas as "outward transfers."

Puerperal
Pyrexia

Only two notifications of ophthalmia were received, the smallest annual number since notification commenced in 1914. Both occurred in the practices of midwives. One infant was treated as an in-patient at the General Hospital and in this case a bacteriological examination of the discharge shewed Neisser's organism to be present. Both children recovered without any impairment of vision. The attack-rate was 1·73 per thousand live births.

Ophthalmia
Neonatorum

121 residents of the Borough received treatment for the first time at the Special Clinic for venereal diseases at Northampton General Hospital, under the combined scheme worked in conjunction with the County Councils of Northamptonshire and Buckinghamshire. The classification of these new cases was as follows :—

Venereal
Diseases

CONDITION.	MALES.	FEMALES.	TOTAL.
Syphilis	21	12	33*
Gonorrhœa	38	8	46
Other than Venereal	20	22	42
Totals	79	42	121

(*Ten male and ten female syphilis cases were of more than one year's standing).

From the returns furnished by the Senior Medical Officer of the Treatment Centre it appears that three syphilis (one male and two female) and twenty-six gonorrhœa (seventeen male and nine female) patients, including persons under treatment at the commencement of the year, carried out the full courses of treatment recommended by the specialists in charge of the Clinic and were discharged after final tests of cure.

On the other hand, fifteen syphilis patients (eleven males and four females) and twelve gonorrhœa patients (ten males and two females) ceased attending before completion of treatment or before final tests as to cure were made.

The total attendances made by Borough patients at the out-patient clinic were 4,023 and 134 days were spent in hospital by patients.

In the treatment of syphilis, 664 doses of one or other of the approved arsenobenzene compounds (stabilarsan and sulfarsenol) were administered. In connection with the scheme, 786 specimens were examined by the Pathologist at a cost of £178 9s. ; 494 specimens were on behalf of the Treatment Centre and 292 for local practitioners.

The Borough Council makes an annual grant of £23 to the British Social Hygiene Council for propaganda purposes.

One death was certified as due to syphilis—a man aged sixty-six years.

Cancer

The number of deaths in the Borough attributed to cancer during 1935 was 161 (seventy-three males and eighty-eight females), eighteen fewer than in 1934. The cancer death-rate for Northampton was 1.66 and for England and Wales 1.59. No special work in connection with the anti-cancer campaign was undertaken by the Public Health Committee.

Prevention of Blindness

The information required by the Ministry of Health will be found in the paragraph headed " Blind Persons," on page 18.

Tuberculosis

Dr. Norman B. Laughton, the Clinical Tuberculosis Officer, presents the seventeenth report of the series in connection with anti-tuberculosis work (*see* Appendix I., pages 50 to 64).

Dr. Laughton, in his carefully written report, again lays most stress on preventive measures, which are far more important than any curative ones in the anti-tuberculosis scheme if the aim is eradication of the disease from our midst. Cures *per se*, important though they be to the community and doubly important to the patient and his family, will not banish tuberculosis even in a century, much less in ten years which I seem to remember was the time given about 1912 when there was such a boom in tuberculin treatment and sanatorium building. Time has demonstrated the fallacy of such statements and turned the minds of serious workers amongst tuberculosis to preventive measures, which, as Dr. Laughton has shewn in his report, must

be far reaching if they are to be effective, leading one to wonder if the same colossal amount of money which has been spent on the treatment of tuberculosis during the last quarter of a century had been spent on strictly preventive lines, would the final results have been better? This is a question the correct answer to which is not easy to give and it is a matter which cannot be dismissed in one word. There is one point upon which there can be no two opinions, viz :—the results would not have been so spectacular (and that is most important) though they might have been more satisfactory to the community as a whole. In other words, the country was not ready (and I am not sure that it is ready now) to adopt the principle of prevention as distinct from treatment, so I fancy we must proceed along the old lines, prevention and treatment, laying more stress upon the former.

The total tuberculosis death-rate in Northampton for 1935 was 0·65 (respiratory 0·54, other forms 0·11), this being the lowest rate ever recorded in the Borough. The corresponding figures for England and Wales were 0·72 (respiratory 0·61, other forms 0·11).

Table 19, which gives particulars of clinical bacteriology, etc., will be found on page 89. The general arrangements for bacteriological work, outlined on page 12 of my report for 1930, still hold good. Bacteriology

Table 18 (page 88) shews the number of articles stoved each month at the Disinfecting Station, St. Andrew's Road. Disinfection,
etc.

No special provision is made for the cleansing and disinfection of verminous persons, other than that existing at St. Edmund's Hospital, Wellingborough Road.

No anti-mosquito work has been carried out, as none was necessary. No cases of locally infected malaria have come to the notice of the Department, in spite of the number of men who must have returned to the Town from the near and far East since the War with malaria parasites in their blood.

VII.—MATERNITY AND CHILD WELFARE.

The fifteenth annual report of the Assistant Medical Officer for Maternity and Child Welfare on the work of that Department will be found in Appendix II., pages 65 to 75, and follows the lines of its predecessors. General
Remarks

No change was made in the whole-time staff during the year.

The infantile mortality-rate for 1935 was again low for an industrial town, being 50·2 per thousand, compared with 57 for England and Wales and 62 for the great towns. This is the third year in succession in which we have had very low rates, Infant
Mortality

viz :—45·1, 45·8, and 50·2, which stand out conspicuously when compared with the corresponding figures for the first three years of the present century, viz :—142·9, 132·5, and 137·2. It is only by comparing the figures in this way that one is able to realise the amount of child life which has been saved during the past twenty-five years, for it was not until 1912 that the infant death-rate fell to 72 per thousand live births. Table A (column 11) on page 90 gives the infant mortality-rates since 1901.

Stillbirths

There seems to be little or no diminution in the proportion of stillbirths to total births from year to year. This is a part of the maternity scheme which does not appear to respond to ante-natal work (started in the Borough in 1921) or to health visiting, for on looking back over the last quarter of a century we find a condition of things set out in the table below :—

Year.	Total Notified Births (Live and Still).	Stillbirths Only. Number.	Percentage.
1911	1,907	80	4·2
1912	1,879	66	3·5
1913	1,813	68	3·8
1914	1,793	87	4·9
1915	1,670	71	4·3
			4·1
1916	1,744	61	3·5
1917	1,336	43	3·2
1918	1,199	53	4·4
1919	1,433	62	4·3
1920	2,180	86	3·9
			3·9
1921	1,805	64	3·5
1922	1,597	67	4·2
1923	1,605	66	4·1
1924	1,579	50	3·2
1925	1,523	40	2·6
			3·5
1926	1,379	47	3·4
1927	1,348	49	3·6
1928	1,357	45	3·3
1929	1,326	48	3·6
1930	1,368	54	3·9
			3·6
1931	1,329	49	3·7
1932	1,313	50	3·8
1933	1,222	47	3·8
1934	1,310	42	3·2
1935	1,281	56	4·4
			3·8

It would be reasonable to expect that the increased care given in the way of ante-natal treatment and advice would

prevent many of these stillbirths, if the women would make more use of the clinics always providing that the stillbirths are mainly due to pre-natal causes. The circumstances in connection with these disasters during 1935 were investigated by the health visitors and are classified by Dr. Bebbington on pages 66 and 67. Those which are not due to ante-natal conditions will, of course, not be influenced by ante-natal care, but some may be prevented by increased skill at the time of birth.

There were five maternal deaths during 1935, giving a rate of 4.17 per thousand total births registered, compared with 3.93 for England and Wales (sepsis 1.61 ; other puerperal causes 2.32). None of the local deaths was due to sepsis (which usually accounts for about one-third of the total maternal deaths), all being due to other conditions associated with pregnancy and childbirth. It is interesting to know that none of these women had attended the ante-natal clinic provided by the Local Authority, as two at least of these unfortunate patients died from conditions for which something might have been done had they been under adequate supervision or had co-operated intelligently with the doctor or midwife.

Maternal
Mortality

The number of children aged one to five years who attend at the toddlers' clinic continues to increase. Dr. Lilian M. Blake, who had been in charge of the Clinic since its commencement in May, 1933, retired from practice in September, when the work was taken over by Dr. Emily H. Shaw, who is well acquainted with the Department, having been Assistant Medical Officer for Maternity and Child Welfare in the Borough from 1920 to 1928.

Toddlers'
Clinic

The Local Authority has not found it necessary to subsidise any midwife and no practising midwife is employed by the Authority beyond those on the staff of St. Edmund's Hospital. The Department is not aware of any case which has suffered through inability to obtain a doctor or a midwife at the time of confinement. Twenty-nine midwives gave notice of intention to practise during 1935, a number quite sufficient for the needs of the Borough. (*See also* paragraph in Appendix II., page 69).

Midwifery
and
Maternity
Services

No change or addition was made in the institutional provision for unmarried mothers, illegitimate infants, and homeless children, described on page 18 of the report for 1930.

Institutional
Provision
for Mothers
and
Children

There are three private maternity homes and one mixed nursing home in the Borough. The Local Authority, having no maternity home, has an arrangement with Northampton General Hospital for the admission of abnormal cases, or women whose home conditions are certified by the Assistant Medical

Officer for Maternity and Child Welfare as being unsuitable for confinement.

The splendid maternity block, known as the "Barratt Maternity Home," in the grounds of Northampton General Hospital, mentioned in last year's report, is nearly completed and is expected to be opened in July.

Health Visitors

No addition was made to the number of health visitors, which consists of five whole-time and one part-time officers. (*See also* paragraph on "Home Visitation" on page 67).

Infant Life Protection

The Maternity and Child Welfare Committee being the authority appointed locally to administer Part I. of the Children Act, 1908, as amended by Part V. of the Children and Young Persons Act, 1932, the health visitors continued to act as infant life protection visitors, visiting children up to nine years of age who are maintained for gain or reward by persons other than relatives. At the end of the year, forty-three persons were on the register as foster-mothers and they had fifty-two children in their keeping. Nineteen of these boarded-out children were sent here by the authorities who conduct Dr. Barnardo's Homes in London, one of their visitors making periodical visits, a report of which is forwarded to the Medical Officer of Health. The foster-mothers carried out their duties satisfactorily; no serious complaints were received concerning any of them.

In former reports I have called attention to the frequency with which children are changed from one foster-mother to another and I still think there is too much moving of children.

Orthopædic Treatment

Particulars relating to the provision of specialist orthopædic treatment at Manfield Hospital were given in the report for 1930, page 20. The Medical Officer of Health, in conjunction with the Medical Officers of the School Clinic and Maternity and Child Welfare and Tuberculosis Departments, keeps in close touch with the hospital.

Dr. Bebbington's report on the cases treated under the maternity and child welfare scheme appears on page 67.

Diarrhœa and Enteritis

Only three infants under two years of age died from diarrhœa and enteritis. Those who can look back to the conditions prevailing in the large industrial towns at the commencement of the present century are in a position to realise the changes that have taken place in child life in this country during the past thirty-five years. In the early days of the century, when the infantile mortality figure in the industrial areas of the Midlands and the North was anything up to 200

and in some towns even higher still, many infants were carried off by summer diarrhœa in the course of a few days' illness. They simply seemed to fade away in spite of all that could be done for them. Several factors have contributed to this remarkable improvement and not the least of these has been the infant welfare movement and especially the work of health visitors. (*See also* paragraphs on pages 37 and 72).

See Appendix III. (page 76) for the usual statistical tables in connection with the Medical Officer of Health's report.

Appendix I. (page 50) deals with the work of the Tuberculosis Department and Appendix II. (page 65) with the Maternity and Child Welfare Department.

APPENDIX I.

REPORT OF THE CLINICAL TUBERCULOSIS
OFFICER FOR THE YEAR 1935.

TUBERCULOSIS DISPENSARY,

MARCH, 1936.

To the Medical Officer of Health and Chief Tuberculosis Officer.

SIR,

I beg to submit herewith my report on the anti-tuberculosis scheme for the year 1935.

Your obedient Servant,

N. B. LAUGHTON.

Notifications

During the year, 91 cases were notified as suffering from tuberculosis. Of these, 69 were pulmonary and 22 non-pulmonary. The corresponding numbers notified in these two groups in the previous year were 91 and 25 (*i.e.*, a total of 116). The classification of new cases with respect to the site of the disease is given in detail in Table T1 (page 59).

The disposal of these patients is shewn in Table T7 (page 63), and Table T8 (page 64) gives the age groups for new cases.

Revision of Register

Under the Public Health (Tuberculosis) Regulations, 1930, the names of twenty-five notified persons were removed from the register in 1935, made up as follows:—

- (a) Sixteen in which the diagnosis had not been established, and
- b) Nine in which the patient had attained a condition which might be regarded as recovered.

Particulars of cases thought to be suitable for deletion were submitted to the Medical Officer of Health, who obtained the assent of the practitioner notifying or at present in charge, where possible.

On 31st December, 1935, there were 553 cases on the Medical Officer of Health's register, 401 being pulmonary and 152 non-pulmonary.

Deaths

The number of deaths, and the death-rates from tuberculosis per thousand of the population in 1935, were as follow:—

	No. of Deaths.	Death- rates.
Respiratory Tuberculosis	52	0·54
Other Forms	11	0·11
Totals	63	0·65

The death-rates from pulmonary and other forms of tuberculosis for 1934 were 0·56 and 0·13 respectively. Last year's figures, therefore, represent a fall of 5·8 per cent. on those for 1934, and are the lowest so far recorded in the Borough. The total death-rate for England and Wales for 1935 was 0·72 (pulmonary 0·61 and other forms 0·11).

X-ray examination continues to be of inestimable value in dispensary and hospital work. Since installation of the plant early in 1932 this part of the work has increased appreciably year by year. In 1935 screen examinations numbered 365 and 261 photographs were taken, a total of 626 examinations. Investigation by this means is used constantly in the diagnosis of tuberculosis, in its differentiation from other conditions, in assessing the type and extent of tuberculous invasion, in determining the most suitable treatment and observing its results, and in the control of treatment by artificial pneumothorax. It often enables tuberculosis to be detected at the vital stage when clinical signs are still absent, or definitely excludes it, in either case dispensing with a period of observation.

X-ray
Examin-
ations

It is not always recognised as it should be that one important function of the dispensary consists in its being a diagnostic clinic. Often people are under the impression that patients are sent there for confirmation of a diagnosis of tuberculosis, whereas more frequently it is to exclude this serious condition. In the majority of those cases sent for investigation the verdict has been against the presence of active tuberculosis.

An increase has also occurred in the treatment of patients by artificial pneumothorax. Administered under careful clinical and X-ray control to suitably selected patients, it holds the field as the most valuable form of special treatment in pulmonary tuberculosis.

Artificial
Pneumo-
thorax

During last year nineteen patients were treated at Welford Road Hospital and the Dispensary. The total number of inductions and refills was 373 (the figure for the previous year was 202). The average number of injections per patient was 19·6. Four were discharged from Welford Road Hospital during the year to continue refills at the Dispensary. The after-histories of patients treated by artificial pneumothorax have so far proved to compare most favourably with those where this therapeutic measure was not applicable. With one

exception all those under treatment at the Dispensary at the time of writing are able for work.

Dental Treatment

Dental treatment has been carried out at Welford Road Hospital when considered necessary. Conditions such as dental sepsis and pyorrhœa are detrimental to a patient's progress, reducing his capacity to resist the major disease.

Fifteen patients had extractions carried out by the visiting dentist. In addition, assistance was given towards dental treatment and the supply of dentures in three cases under dispensary supervision, and for treatment of a Borough patient in Papworth Village Settlement.

Extra Nourishment

The provision of extra nourishment is an after-care measure intended to help maintain the condition of patients and prevent the relapse which might follow poor nutrition and a lowered resistance. The tuberculous person suffers from a wasting disease and so needs more than the sustenance sufficient to keep others in good health. During the past year, 62 grants were made of butter, milk and eggs for periods of three months, and 31 patients received this benefit.

Park Workers

Under the existing scheme men do light work in the Corporation parks for 25 hours a week, and women are employed in the Transport Parcels Department. At the beginning of the year three women and eleven men were so employed. The health of two patients broke down to such an extent that they had to come off the scheme. Six others were off work with illness for varying periods. Two park workers ceased work for other reasons, and five men and one woman were taken on. At the end of the year the number employed was thirteen men and three women. It was decided by the Public Health Committee not to employ any further cases in the Transport Parcels Department.

Housing

The great importance of housing as a means of maintaining health and preventing the occurrence of tuberculosis has been stressed in previous reports. The benefits are apt to be overlooked because they are not obvious or recordable in the statistical sense. It may be confidently said, however, that among the contacts of patients with pulmonary tuberculosis living in council houses, the likelihood of succumbing to the disease is, in the majority of cases, much less than in their previous homes. The position in the Borough in this respect is very satisfactory. In December, 1935, the number of tuberculous persons living in Council houses was 123. Still further improvement could be effected, however, by collaboration between the Public Health and Housing Committees so as to make the tenancy of Council houses by tuberculous families subject to such co-operation on the part of the latter

as would best serve the interests of patients and public. A system of supervision of this kind has been tried elsewhere with success. It need involve no undesirable restrictions on those who are well-intentioned, and would ensure some control over the small but dangerous minority who scorn advice and ignore precautions.

The incidence of tuberculosis depends, not only on a number of general considerations, but also on personal ones which are as numerous as they are varied. An anti-tuberculosis scheme, to be effective, must recognise and deal with both groups. The problem has become modified by modern conditions of life and also by increasing knowledge and experience. A change in outlook should provide new possibilities. It is well to ask if sufficient use is being made of these, and to what extent the traditional methods of combating the disease are still applicable.

Prevention
and Care

It is first of all needful to view the problem in true perspective. To most, perhaps, institutional treatment ranks before everything else. The cost and publicity associated with it suggest a high relative value. On the other hand, there is nothing to render prominent the intangible, but more effective, results of preventive measures. Records deal with the sick. The results of keeping healthy people well are not recordable in the ordinary sense. Sanatorium treatment is important and valuable, but, in the eradication of tuberculosis, much less so than the attack directed on purely preventive lines. It is not sufficiently appreciated that the latter, ideally and in practice, is the means whereby the best and most permanent results can be secured.

We have to deal with an infectious disease. The source of infection (leaving aside the lesser part played by milk) is a person with active pulmonary tuberculosis. Spread of the disease is due to the existence of environmental conditions which permit of his associates receiving an infection massive enough to outweigh the balance of health and produce active disease. Such conditions would be provided, for example, by bad home surroundings, with the physical resistance of a family reduced by ill-health, malnutrition or anxiety. Personal habits and hygiene would be factors of considerable moment in the outcome.

In short, we have to deal with the existence of infection, environment, personal resistance, perhaps a special susceptibility to the disease, and of special importance in these days, mental stress. We have to contend with ignorance and fear. There arise a host of personal issues which must receive attention if they are not to render preventive efforts both costly and ineffective.

Institutional treatment is valuable in the part it plays in giving the early case the best chance of recovery. More important still, by removing the more advanced (sputum positive)

case from his home, it reduces the chances of further disease among his contacts. In a number of cases it leads to arrest of the disease before the patient is discharged. It provides education in the maintenance of health in himself and others. These benefits are lost to that group who are not able, or do not wish, to accept hospital or sanatorium treatment.

Nevertheless, institutional life is in most instances a minor part of the career of the tuberculous. Before and after are periods vital to the fate of himself and those in close contact with him. Notification of the disease is very rarely coincident with its onset. For a varying period—months or perhaps years—the ambulant victim may unsuspectingly cast the seed of infection around him. After his discharge from sanatorium, with the disease quiescent or otherwise, he has to face the strain of ordinary life. Sooner or later the majority lose in this struggle with environment. Relapse in the patient means also a setback in the campaign for the prevention of spread of the disease to others.

There are two main issues involved :—

- (1) Maintenance of the health of the patient for the benefit of himself and also of his associates, who are the potential victims of his relapse.
- (2) Maintenance of the health of the household so as to raise the resistance of its members against attack from the disease to which they are, or have been, specially exposed.

It is not sufficient, therefore, to arrange for the treatment of the patient in the belief that the best has been done. We start off in most cases with late notification, due to ignorance of the patient and very commonly to economic considerations. To what extent have existing conditions been conducive to the onset of the disease, and can they be alleviated before further damage is inflicted? While the patient is undergoing the costly work of repair, is all that is possible being done to forestall a relapse on his return home and to safeguard the family from attack? Here preventive work can be definitely effective in the provision of suitable environment, assistance in difficulties about employment and in the removal of anxieties, all of which contribute so much to breakdown.

It is obvious that difficulties of an individual kind must constantly arise and that personal factors play a large role in the course of events. The prevention of tuberculosis consists essentially in the care of both patient and family, from the time of notification onwards. Work on this basis must yield in the end the most fruitful results. Care is prevention. The problem is largely an economic one. It tends to reach out beyond the territory of the social services. But much the greater part is within the scope of "care" work as can be properly carried out by a care committee,

The watch-word of such a committee should be "prevention." The anti-tuberculosis problem is not being dealt with as it should be if this important service is not in operation. It is best performed by a small, energetic committee, capable of acting promptly in cases of urgency. Its scope should be wide enough to enable it to deal with the many and varied needs that arise in individual families. It should take especial consideration of the part played by mental stress in the causation of disease and the occurrence of relapse.

The field of such work may be summarised shortly :—

- (1) Provision for patient and household (*e.g.*, supply of extra nourishment, bedding, domestic assistance, etc.).
- (2) Employment and occupational therapy. Liaison work between patient and employer.
- (3) Housing. Healthy conditions with proper isolation for patient when necessary.
- (4) Co-operation with other bodies contributing to social improvement.
- (5) Raising of funds for furtherance of preventive work.
- (6) Education and propaganda.

Certain branches of this work are open to useful expansion, notably that with respect to housing (*see* page 52) and the provision of useful occupation for patients.

Early diagnosis is of paramount importance. One reason for delay in seeking medical advice is the probability of economic breakdown if tuberculosis is found to be present. The fear of becoming an outcast in the economic world has in itself often led to fulfilment of this misfortune. This attitude, so costly in life and money, would be much less evident if it was generally known that a real effort was being made to meet the various difficulties that arise when a person is notified as suffering from tuberculosis. Such an effort requires the guidance of a clear outlook, and one that is essentially preventive.

As already mentioned, the work here shewed a further increase in X-ray examinations and in treatment by artificial pneumothorax. Details of this have been given above. A summary of other work at the Dispensary is given below :—

Tuberculosis
Dispensary

Attendances :—

Total number	1,450
--------------------	-------

Patients attending :—

Males	310
-------------	-----

Females	233
---------------	-----

—	543
---	-----

Average number of attendances per patient 2·7.

Contacts :—

Total number of examinations	118
------------------------------------	-----

Individuals examined	83
----------------------------	----

Of these, 2 were subsequently notified.

Examination for diagnosis at request of general practitioners :—

Total number of examinations	170
Individuals examined	90

18 of these were found to have active tuberculosis.

Visits by Tuberculosis Officer to patients and their homes	340
--	-----

Tuberculosis
Health
Visitor

Visits made by the Tuberculosis Nurse were as follow :—

Investigations in cases of :—

Pulmonary tuberculosis	59
Other forms	19
Deaths	5
	— 83

Re-visits and other investigations	1,174
--	-------

Total	1,257
-------------	-------

In addition to these investigations, the Tuberculosis Nurse attended at all Dispensary clinics and assisted in special treatment (*e.g.*, artificial pneumothorax) carried out there.

Laboratory
Examin-
ations

Laboratory examinations of specimens from Welford Road Hospital are included in the figures given below :—

Cases investigated	382
--------------------------	-----

Results of bacteriological examinations for tubercle bacilli in sputum, urine, etc. :—

Positive	147
Negative	335

Total	482
-------------	-----

Welford
Road
Hospital

Below are summarised particulars with respect to patients treated in Welford Road Hospital during 1935 :—

	Males.	Females.	Total.
Remaining at end of 1934 ..	13	16	29
Admitted	32	18	50
Treated	45	34	79
Discharged	29	19	48
Died	2	3	5
Remaining at end of 1935 ..	14	12	26

Of the 50 cases admitted, 43 were insured persons.

Condition on discharge :—

Quiescent	5
Much improved	16
Improved	18
No material improvement	8
Declining	1

It will be noted that on discharge 39 patients (81 per cent) were quiescent or improved.

Other data :—

Average number of beds occupied	29.4
Average number of days in hospital	252
	(approximately 8 months)
Average gain in weight	13 lbs.
(Highest gain, 53 lbs.)	
Ages of patients	17 to 67 years
Transferred to Creton Sanatorium	4

Results of sputum examination :—

Admitted with positive sputum	44
Positive sputum cases discharged with T.B.	
negative, or no, sputum	15
	(34 per cent.)

Dental treatment :—

Patients treated	15
Extractions and fillings	39

TREATMENT. This is based on the fundamental principle of physical and mental rest carried out under healthy, open-air conditions with an ample and nutritious diet. Of subsidiary methods the most valuable, that of artificial pneumothorax, is given in suitable cases (*see* page 51). Eight patients in hospital received this treatment last year. Four of these were discharged, all being without symptoms and in good health. Gold salts (sanocrysin), colossal calcium, nordalin and tuberculin were also employed. Gold therapy produced an unexpectedly good result in one case of advanced disease.

Experience has shewn that, with very few exceptions, a period of prolonged rest at the commencement of treatment is essential as a basis for good recovery, whether or not any therapeutic measure of a special kind is adopted. Under such conditions a definite curative value must be assigned to the existence of bright and cheerful surroundings and to means for countering the ill-effects that are apt to result from introspection and loss of interest. There is scope for improvement in this direction.

In the administrative block the staff accommodation is still unsatisfactory, and inferior to what exists nowadays elsewhere. The quarters are inadequate for both nursing and domestic staff, and, except in the case of staff nurses, do not permit of any privacy.

Staff
Accom-
modation

Below are the data with reference to the patients treated at Creton Sanatorium in 1935 :—

Creton
Sanatorium

	Males.	Females.	Total.
Remaining at end of 1934 ..	13	4	17
Admitted	15	6	21
Treated	28	10	38
Discharged	11	5	16
Remaining at end of 1935 ..	17	5	22
Condition on discharge :—			
Quiescent			2
Much improved			7
Improved			4
No material improvement			3

Manfield
Orthopædic
Hospital

Particulars of cases treated at Manfield Orthopædic
Hospital and Shipman Convalescent Home are as follow :—

	Males.	Females.	Total.
Remaining at end of 1934 ..	8	6	14
Admitted	6	4	10
Treated	14	10	24
Discharged	3	4	7
Died	1	1	2
Remaining at end of 1935 ..	10	5	15
Condition on discharge :—			
Quiescent			5
Arrested			1
Much improved			1

Other
Institutions

Two patients were maintained at Papworth Village Settlement during the year and one at All Saints' Convalescent Hospital, Eastbourne. In addition, two went privately to the Royal National Hospital, Ventnor ; one to Preston Hall ; one to the County Sanatorium, Harefield ; and one to St. Michael's Home, Axbridge.

Public
Health Act,
1925

There was no case of compulsory removal to hospital under Section 62 of this Act.

Public
Health
(Prevention
of Tuber-
culosis)
Regulations,
1925

It was not necessary to take any action under these Regulations, which deal with tuberculous employees in the milk trade.

TABLE T1. NORTHAMPTON, 1935.

TUBERCULOSIS. CLASSIFICATION OF NEW CASES.

CLASSIFICATION.	NOTIFIED CASES.			DEATHS OF CASES NOT NOTIFIED.		
	M.	F.	TOTAL.	M.	F.	TOTAL.
Pulmonary :—						
Lung and Pleura	45	23	68	3	1	4
Larynx	1	—	1	1	—	1
	46	23	69*	4	1	5*
Meninges and Brain	—	3	3	1	—	1
Peritoneum and Intestines	1	1	2	—	1	1
Bones and Joints	8	3	11	1	—	1
Cervical Glands	3	1	4	—	—	—
Other Organs	1	1	2	1	—	1
Totals	59	32	91	7	2	9

*A total of 74 fresh cases of pulmonary tuberculosis.

TABLE T2. NORTHAMPTON, 1935.

PULMONARY TUBERCULOSIS INVESTIGATIONS. DURATION OF ILLNESS.

PERIOD.	NOTIFIED CASES.	DEATHS OF CASES NOT NOTIFIED.	TOTAL.
Under 6 months	20	1	21
Over 6 months and under 1 year	14	—	14
Over 1 year and under 2 years	11	—	11
Over 2 years and under 3 years	4	1	5
Over 3 years and under 4 years	5	—	5
Over 4 years and under 5 years	3	—	3
Over 5 years	4	1	5
Unascertained	8	2	10
Totals	69	5	74

TABLE T3. NORTHAMPTON, 1935.

PULMONARY TUBERCULOSIS INVESTIGATIONS. SEX AND STATE.

	MALES.	FEMALES.	TOTAL.
Single	24	13	37
Married	21	9	30
Widowed	3	1	4
Unascertained	2	1	3
Totals	50	24	74

TABLE T4. NORTHAMPTON, 1935.

PULMONARY TUBERCULOSIS INVESTIGATIONS. DEGREE OF HOME
ISOLATION FOUND.

	MALES.	FEMALES.	TOTAL.
Number having separate Bedrooms	15	5	20
Number having separate Beds (only)	2	3	5
Number having no Isolation	19	11	30
Number in Institutions	9	2	11
Unascertained	5	3	8
Totals	50	24	74

TABLE T5. NORTHAMPTON, 1935.

TUBERCULOSIS DEATHS. PERIOD ELAPSING BETWEEN NOTIFICATION
AND DEATH.

PERIOD BETWEEN NOTIFICATION AND DEATH.	MALES.	FEMALES.	TOTAL.
(1) PULMONARY TUBERCULOSIS :—			
Not notified	4	—	4
One month	4	2	6
1—6 months	2	4	6
6—12 months	2	—	2
12—18 months	4	1	5
18—24 months	5	3	8
2—3 years	4	2	6
3—4 years	3	1	4
4—5 years	3	1	4
5 years and over	4	3	7
Totals	35	17	52
(2) TUBERCULOSIS OTHER THAN PULMONARY :—			
Not notified	2	2	4
One month	1	2	3
1—6 months	1	—	1
4—5 years	—	1	1
5 years and over	2	—	2
Totals	6	5	11

See footnote to Table T8.

TABLE T6. NORTHAMPTON, 1935.

PULMONARY TUBERCULOSIS. OCCUPATIONAL INCIDENCE AND MORTALITY.

OCCUPATION.	New Cases.	Deaths Registered	OCCUPATION.	New Cases.	Deaths Registered
Shoe Operatives :—			Insurance Agent	1	1
(a) Clicker	4	5	Labourer	3	5
(b) Laster	5	4	Last Maker	2	1
(c) Finisher	6	3	Leather-board Maker	—	1
(d) Roughstuff			Leather Dresser	2	3
and Pressman	1	—	Leather Warehouse-		
(e) Warehouse and	2	4	man	1	—
General					
(f) Female Worker	5	1	Milk Roundsman ..	—	1
	23	17	Packer	2	—
Acetylene Welder ..	—	1	Painter	1	—
			Poultry Farmer	—	1
Bricklayer	2	—			
Butcher	—	1	Railway Employee ..	2	—
Carpenter	1	—	Ship's Steward	1	—
Celluloid Worker ..	—	1	Shoe Manufacturer ..	—	1
Charwoman	1	—	Shop Assistant	2	2
Clerk	6	2			
Coach Builder	1	—	Teacher	1	—
Commercial Traveller	2	—			
			Waiter	1	—
Domestic Servant ..	2	—	Well Sinker	1	—
Engineer	3	—	No Occupation	4	5
Gas Fitter	—	1			
Housewife	9	8	Totals	74	52

TABLE T7. NORTHAMPTON, 1935.

PULMONARY TUBERCULOSIS.

DISPOSAL OF NOTIFIED CASES.

CLASSIFICATION.	NUMBER.	PER CENT.
Received Residential Treatment :—	51	73·9
At Creton Sanatorium	13	
Welford Road Hospital	29	
Both Creton Sanatorium and Welford Road Hospital	3	
General Hospital	3	
Royal National Hospital, Ventnor	2	
St. Andrew's Hospital	1	
Residential Treatment not considered necessary	10	14·5
Refused Residential Treatment	4	5·8
Dead on receipt of notification	3	4·4
Too ill for removal	1	1·4
Totals	69	100·0

TABLE T8. NORTHAMPTON, 1935.

TUBERCULOSIS. AGE GROUPS FOR NEW CASES AND DEATHS.

AGE PERIODS.	NEW CASES.				DEATHS.			
	PULMONARY.		NON-PULMONARY.		PULMONARY.		NON-PULMONARY.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	1	—	—	—	1
1-5 years	—	—	—	1	—	1	—	—
5-10 years ..	—	—	—	—	—	—	—	—
10-15 years ..	1	—	4	—	—	—	2	—
15-20 years ..	4	3	—	2	4	2	—	—
20-25 years ..	10	3	1	1	2	3	—	1
25-35 years ..	13	7	1	2	5	5	3	2
35-45 years ..	9	5	8	1	10	3	—	—
45-55 years ..	9	3	1	2	8	—	—	1
55-65 years ..	3	3	—	—	2	2	—	—
65 and upwards	1	—	1	—	4	1	1	—
Totals	50	24	16	10	35	17	6	5

Four (7·7 per cent.) of the fifty-two deaths from tuberculosis of the respiratory system and four (36·4 per cent.) of the eleven deaths from other forms of tuberculosis were of cases not notified. Reference should also be made to Table T5.

See also remarks of Medical Officer of Health on pages 44 and 45.

APPENDIX II.

REPORT OF THE ASSISTANT MEDICAL OFFICER FOR
MATERNITY AND CHILD WELFARE FOR THE YEAR 1935.

To the Medical Officer of Health.

SIR,

I beg to submit herewith my report on the maternity and child welfare work in the Borough for the year 1935.

Your obedient Servant,

E. F. BEBBINGTON.

INFANT WELFARE CENTRE,
DYCHURCH LANE,
MARCH, 1936.

Although the birth-rate for 1935 was lower than that of 1934 the number of infant deaths was higher, viz :—fifty-eight, four more than in 1934. The infant mortality-rate was 50·2 per thousand live births registered, which it will be seen from Table M. & C. W. 1 (page 73) is well below the current rate of 57 for England and Wales. Infant Mortality

Premature birth again accounted for the greatest number of infant deaths ; eighteen infants died owing to prematurity, compared with nineteen in 1934. Eleven deaths occurred from bronchitis and pneumonia, against five in 1934.

The infant deaths are classified in detail according to cause and age in Table D at the end of this volume.

The birth-rate for 1935 was 11·9, compared with 12·2 for 1934. Notification of Births

1,155 live births and forty-five stillbirths were registered. 1,225 live births and fifty-six stillbirths were notified, making a total of 1,281 (*see* Table M. & C. W. 3, page 73). Table M. & C. W. 4 shews the sources of notification.

1,153 births were investigated by the health visitors ; thirty-nine of these were non-notified. They also visited fifteen other births but no information was available. The remaining births occurred either in larger houses, or the mothers, resident outside the Borough, came into the Town for their confinements and returned home later.

Investigation disclosed that seventy-eight babies were born prematurely, six more than in 1934.

Stillbirths

The number of stillbirths notified was fifty-six, fourteen more than last year. Thirteen of the fifty-six were County cases born and notified in the Borough.

Forty-three stillbirths were investigated by the health visitors, who also visited three which were non-notified. Stillbirths in 1935 were slightly more prevalent amongst multiparæ than primiparæ, twenty-one being born to the latter and twenty-five to the former. Five of the forty-six stillbirths (10·9 per cent.) were due to twin pregnancy. Four of these five twin pregnancies were in multiparæ. The following tables classify the causes of stillbirth (maternal and foetal) as far as can be ascertained :—

PRIMIPARÆ.

PREMATURE BIRTH	7
Causes of Stillbirth :—	
(a) Prematurity	1
(b) Malpresentation (Twin Pregnancy) ..	1
(c) Kidney Disease	1
(d) Dystocia	1
(e) Tumour	1
(f) Breech	1
(g) Shock	1
FULL TERM INSTRUMENTAL LABOUR	9
Causes of Stillbirth :—	
(a) Dystocia	6
(b) Dystocia plus Postmaturity	2
(c) Malpresentation owing to Fibroid ..	1
FULL TERM NON-INSTRUMENTAL LABOUR	5
Causes of Stillbirth :—	
(a) Eclampsia	1
(b) Breech (Illegitimate)	1
(c) Cause Unknown	3
	—
	21
	—

MULTIPARÆ.

PREMATURE BIRTH	8
Causes of Stillbirth :—	
(a) Prematurity	4
(b) Twin Pregnancy	1
(c) Ante-partum Hæmorrhage	1
(d) Anencephaly	1
(e) Cause Unknown	1
FULL TERM INSTRUMENTAL LABOUR	5
Causes of Stillbirth :—	
(a) Dystocia	4
(b) Dystocia (Twin Pregnancy)	1

FULL TERM NON-INSTRUMENTAL LABOUR 12

Causes of Stillbirth :—

(a) Cord round Neck	1
(b) Placenta Prævia	1
(c) Malformation of Cord	1
(d) Albuminuria	3
(e) Ante-partum Hæmorrhage	2
(f) Maternal Debility	1
(g) Cause Unknown	3

—
25
—

Visits to Expectant Mothers :—

First Visits	252
Total Visits	624

Home
Visitation

Visits to Children under One Year of Age :—

First Visits	1,174
Total Visits	6,057

Visits to Children from One to Five Years of Age :—

Total Visits	8,986
--------------------	-------

The health visitors paid 16,707 visits in 1935. This number includes all the visits enumerated above and also extra visits, viz :—to houses where a stillbirth had occurred or a baby under one year had died, and to all cases of puerperal fever, puerperal pyrexia, ophthalmia neonatorum, pneumonia, etc., in women and children.

Ultra-violet ray treatment was continued with the usual exception of the summer months. Children under five years of age, contrary to adults or school children, can make full use in summer of natural sunlight, which is to be preferred, in most instances, to artificial light treatment. Eleven children were on the books at the beginning of 1935 and twenty-three new cases were admitted to the clinic during the year, the total attendances being 546. The children were chiefly suffering from rickets and marasmus and most of them benefited from the treatment. Fifteen ceased treatment during the year and nineteen were still under treatment at the end of December.

Ultra-
violet Ray
Treatment

Four beds are maintained, when occupied, at Manfield Hospital, as described on pages 67 and 68 of the 1931 report. Four patients were under treatment at the beginning of January, and during the year five were admitted suffering from debility and general orthopædic conditions (such as infantile paralysis and rickets). One was admitted to John Greenwood Shipman Convalescent Home suffering from debility. Four patients were discharged, the average length of stay being 475 days, and six cases were still under treatment at the close of the year.

Manfield
Orthopædic
Hospital

There was a decrease in the number of children under one year of age who attended at the centres for the first time, but there was an increase in the number of attendances. The average attendance of children per session shewed a slight increase during 1935 (*see* below). Table M. & C. W. 5 (page 74) gives the average attendances and consultations at the nine centres in the Town. The total average attendance of mothers per week was 502, against 489 in 1934; of babies and toddlers 576, against 564 in 1934. The number of consultations per fortnightly session was 186, against 178 in 1934.

The number of attendances at all centres during the year was as follows:—

(a) By Children under One Year of Age	....	11,436
(b) By Children between the Ages of One and Five Years	.....	14,222

The attendance of children per session at all centres during 1935 averaged 64. In 1934 the figure was 63.

The number of children who attended at the centres for the first time during the year was:—

(a) Children under One Year of Age	.....	568*
(b) Children between the Ages of One and Five Years	.....	104

(*The figure 568 represents a percentage of 46.4 of the notified live births).

The number of children who were in attendance at the centres at the end of the year was:—

(a) Children under One Year of Age	.....	483
(b) Children between the Ages of One and Five Years	.....	1,398

The number of children under one year of age who were in attendance at the centres at the end of the year was slightly less than in 1934 but there was a considerable increase in the number of children between one and five years.

The ladies of the Northampton Maternity and Infant Welfare Voluntary Association have continued their excellent work in the nine infant welfare centres.

For Baby Week a successful Exhibition was held in the Town Hall, opened by Dame Janet M. Campbell, D.B.E., M.D., M.S., with an address on "Maternity and Child Welfare in Australia." Each centre was responsible for a stall illustrating some special feature of welfare work, such as dentistry, fresh air, wise motherhood, knitting, rug-making, etc. Cookery demonstrations were given and short lectures on the care of teeth and the food value of milk.

Three successful public lectures were arranged, one given by Dr. J. H. Harley Williams on the "Prevention of Tuberculosis," one by Dr. Eric H. Shaw on "The Beginning of Things," illustrated by lantern slides, and a third by Dr. E. D. T. Hayes on "Child Management."

The Abington Avenue centre won the Silver Cup offered by the Association of Maternity and Child Welfare Centres for Parentcraft. Forty-nine centres from all over England competed. Honours in five subjects were gained by this successful centre.

The clinic organised specially for toddlers (one to five years of age) is held on two Tuesdays in each month. Attendances at this clinic are included in the figures under the (b) headings in the preceding paragraphs. Cases are referred to this clinic only by doctors and health visitors. Debilitated and under-nourished children attending are granted free milk, in accordance with the scale in operation for the Borough, on medical grounds only. Toddlers' Clinic

Dr. Emily H. Shaw has succeeded Dr. Lilian M. Blake as Medical Officer for the toddlers' clinic (since October, 1935). She also conducts a toddlers' session once a month at Abington Avenue centre in addition to the ordinary sessions held there every Thursday. A part-time health visitor assists her at all the toddlers' clinic sessions in addition to one of the full-time health visitors.

Ninety-three new cases were seen at the clinic during the year and the total attendances made were 591.

Twenty-nine midwives notified their intention to practise. The Queen's Institute of District Nursing employed nine of these at different times and two were attached to St. Edmund's Hospital. The Inspector of Midwives paid thirty-seven visits to midwives practising independently for the purposes of inspection. She also paid three visits of inspection to the Queen's Institute of District Nursing. Medical aid was summoned by a midwife under Section 14 (1) of the Midwives Act, 1918, in 217 cases. Midwives

The Queen's Nurses attended 523 cases (as maternity nurses or midwives) in 1935.

There are now nine nursing homes in the Town, four of which may admit maternity cases only. One (St. Matthew's Nursing Home) is registered for maternity, medical, and surgical cases. Fifty-three visits of inspection were paid to the nursing homes by the Assistant Medical Officer. Maternity Homes

The Local Authority maintains no maternity home. An arrangement is in operation whereby expectant mothers, who are found to require institutional treatment at the time of confinement, are treated in the General Hospital. Sixteen cases were admitted in 1935.

The Council provides and maintains one pre-natal clinic (two sessions per week) at the Central Building. In addition, Pre-natal Work

a pre-natal clinic is held fortnightly, with an extra session once a month, at the Queen's Institute of District Nursing.

Eighty-eight sessions were held at the Central Building clinic and were attended by 239 expectant mothers (including thirty-three still attending from 1934), making 620 attendances altogether; each patient thus averaged 2·6 attendances. The percentage of total notified births (live and still) which the figure 239 represents is 18·6. This figure is lower than in reality, as though County births occurring in the General Hospital and nursing homes are included in the total notified births, County women are excluded from the Borough clinic.

At the Queen's Institute of District Nursing, 273 attendances were made by 252 expectant mothers in thirty-six sessions. The 252 mothers (which include five County residents) represent 19·7 per cent. of the total notified births.

The percentage of total notified births represented by cases attending all pre-natal clinics is 38·3, but if County births are excluded the percentage is raised to 41·8. This latter figure is much higher than in 1934, when it was 30·6.

The sessions and attendances at the Borough clinic shew a considerable increase when compared with 1934.

200 patients who attended the Borough clinic (1934-1935) had babies born in 1935. The corresponding number in 1934 was 186. Two births were not traceable as the patients had removed to another district. These births include five stillbirths, twelve deaths of infants under one month, two deaths (twins) aged one month, and one death at ten months, *see* tables below :—

CAUSES OF STILLBIRTH—MATERNAL AND FŒTAL :—

(a) Ante-partum Hæmorrhage (Twin Pregnancy)	1
(b) Prematurity and Ante-partum Hæmorrhage (Twin Pregnancy)	1
(c) Dystocia	1
(d) Maternal Debility	1
(e) Anencephaly	1
	<hr/>
	5
	<hr/>

CAUSES OF DEATH—MATERNAL AND FŒTAL :—

PREMATURE	6
(a) Prematurity	5
(b) Heart Disease	1
FULL TERM	9
(a) Enteritis (Twin Pregnancy)	2
(b) Spina Bifida	1
(c) Pneumonia	1
(d) Broncho-pneumonia	1
(e) Bronchitis	1

(f) Hare Lip and Cleft Palate	.....	1
(g) Cerebral Hæmorrhage	.....	1
(h) Congenital Atelectasis	.....	1

15

More patients had babies born in 1935 (*vide supra*). The stillbirth-rate is slightly higher than in 1934, when three pregnancies only ended in stillbirth. The neo-natal death-rate is also higher (twelve deaths in 1935, seven deaths in 1934). There was no maternal death amongst mothers attending this clinic in 1935.

Doctors and midwives generally send their patients to the pre-natal clinic by appointment and in each case a report is forwarded to the doctor or midwife concerned.

Cases in which operative measures may be thought necessary are seen by a consultant by appointment and in emergency. Seven cases under this category were dealt with during 1935.

Pregnant women and post-natal cases were seen and advised at the welfare centres during the year. There is no Borough post-natal clinic, but post-natal cases were seen at the pre-natal clinics during the pre-natal session.

A post-natal clinic is held once a month, on a Wednesday afternoon, at the Queen's Institute of District Nursing. There were fourteen sessions during 1935 and ninety-nine women attended, making one attendance each. Thus the average attendance per session was 7.1.

The Maternity and Child Welfare Committee undertakes the payment of doctors' and midwives' bills in accordance with a scale adopted in October, 1935. The outstanding debts in connection with these bills are collected by a member of the staff of the Housing Department.

Doctors'
Bills

As in previous years, children under school age and pregnant and nursing mothers may be treated by the School Dental Officer. Two evenings each week are set apart for this. Payment for treatment is made to the Dental Clinic direct, or later by instalments at the Central Building or at the welfare centres.

Dental
Treatment

The cost of material was approximately £36. Bills amounting to about £54 were sent to thirty-one patients. Nearly £45 was collected on these accounts and those outstanding from previous years. Over £14 was collected in small fees for which no bills were issued. Table M. & C. W. 6 (page 75) shews the numbers dealt with and the forms of treatment.

Applications for free milk are considered each week by the Milk Sub-Committee. Milk is granted to pregnant and nursing mothers and to children under one year of age, and in special cases to children aged one to five years, for two months on medical

Milk

grounds. The health visitors have also been permitted to give milk application forms, under the above conditions, to cases requiring milk, in their opinion, on medical grounds. 1,589 applications were considered by the Committee, of which 1,470 were granted and 119 refused. 86,514 pints of "Pasteurised" milk were supplied under contract with local firms at a cost of over £776.

"Cow and Gate" dried milk is sold at cost price at the Central Building. 6,232 pounds were sold to 225 separate customers. The cost of this was over £441, all of which was paid at the time of purchase.

Puerperal
Fever and
Pyrexia

Five cases of puerperal fever occurred. All were treated at the General Hospital, and recovered.

Ten cases of puerperal pyrexia, including five non-residents, were notified. Eight were treated at the General Hospital and two at home. Two died in the General Hospital from sepsis, but the deaths are not included in the Borough returns as the patients resided in the County.

Maternal
Deaths

Five maternal deaths occurred in 1935 (compared with seven in 1934). All were from puerperal causes other than sepsis, viz:—eclampsia (two), post-partum hæmorrhage, prolonged labour, and pulmonary embolism following placenta prævia. Each was investigated by the Assistant Medical Officer and a report forwarded to the Medical Officer of Health for transmission to the Ministry of Health.

Ophthalmia
Neonatorum

Two cases of ophthalmia were notified. Both were midwives' cases. One was treated at home and the other, an illegitimate baby from St. Saviour's Home, was treated in the General Hospital. A swab was taken in this case only, and was positive.

The discharge commenced on the sixth and eleventh day respectively. In both there was a history of the mother having had a vaginal discharge. Vision was not impaired in either case. (*See Table M. & C. W. 7, page 75*).

Diarrhœa
and
Enteritis

Three babies under the age of two years died from diarrhœa and enteritis (two before reaching the age of one year). The corresponding figure for 1934 was four. The rate was 2.6 per thousand live births registered, compared with 5.7 for England and Wales.

Infant Life
Protection

The Maternity and Child Welfare Department administers Part I. of the Children Act, 1908, as amended by the Children and Young Persons Act, 1932, relating to foster-children. These children are now supervised until they reach the age of nine years. The number of persons receiving children for reward on the register at the end of the year was forty-three; these had charge of fifty-two children. It was not necessary to obtain any legal order or take any proceedings under the Acts during 1935.

TABLE M. & C.W. 1. ENGLAND AND WALES AND NORTHAMPTON, 1926-1935.
INFANT MORTALITY IN EACH YEAR OF THE DECENNium.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	70	70	65	74	60	66	65	64	59	57
Northampton	55.0	60.9	53.5	52.8	56.4	70.6	64.3	45.1	45.8	50.2

TABLE M. & C.W. 2. NORTHAMPTON, 1931-1935.
INFANT MORTALITY. CAUSES OF DEATH*.

CAUSES OF DEATH.	1931	1932	1933	1934	1935
Atrophy, Debility, and Marasmus	11	2	11	4	2
Bronchitis and Pneumonia	9	22	11	5	11
Congenital Malformations	8	5	5	3	7
Convulsions	5	3	1	1	3
Diarrhœa, Enteritis, and Gastritis	7	2	4	7	2
Measles	1	—	—	3	—
Premature Birth	22	23	10	19	18
Tuberculous Diseases	3	1	—	1	1
Whooping Cough	1	4	2	—	2
All Other Causes	20	18	8	11	12
TOTAL DEATHS	87	80	52	54	58
TOTAL LIVE BIRTHS	1233	1244	1152	1180	1155
INFANT MORTALITY	70.6	64.3	45.1	45.8	50.2

*See also Table D at end of Report.

TABLE M. & C.W. 3. NORTHAMPTON, 1935.
LIVE BIRTHS AND STILLBIRTHS REGISTERED AND NOTIFIED.

	MALES.	FEMALES.	TOTAL.
Number of Live Births Registered	608	547	1155
Number of Stillbirths Registered	31	14	45
Total Number of Births Notified	665	616	1281
Number of Live Births Notified	629	596	1225
Number of Stillbirths Notified	36	20	56

TABLE M. & C.W. 4. NORTHAMPTON, 1935.
NOTIFICATION OF BIRTHS. SOURCES OF NOTIFICATION.

	NUMBER.	PER CENT.
Medical Practitioners	370*	28.9
Certified Midwives	896	69.9
Parents and Others	15	1.2
Totals	1281	100.0

*Includes 141 also notified by Midwives.

TABLE M. & C.W. 5. NORTHAMPTON, 1935.
MATERNITY AND INFANT WELFARE CENTRES. STATISTICS.

CENTRE.	DAY OF MEETING (2.30 TO 4.30 P.M.).	AVERAGE ATTENDANCE PER WEEK.				Average Number consulting Doctor per Fortnight- ly Session.
		Mothers (incl. Expectant Mothers).	Babies.	Toddlers.	Total Babies and Toddlers.	
Abington Avenue ..	Thursdays ..	84	39	54	93	21
Broadmead	Mondays ..	66	32	44	76	21
Central Building ..	Wednesdays	58	30	39	69	20
Central Building ..	Thursdays ..	50	31	27	58	21
Doddridge Memorial	Tuesdays	59	30	38	68	21
Far Cotton	Fridays	45	27	24	51	21
Kingsthorpe	Tuesdays	40	18	30	48	20
St. Edmund's	Fridays	57	30	33	63	21
St. Sepulchre's	Wednesdays	43	25	25	50	20
	Totals	502	262	314	576	186

A Toddlers' Clinic was also held at the Central Building (see page 69).

TABLE M. & C.W. 6. NORTHAMPTON, 1935.
SUMMARY OF DENTAL OPERATIONS.

NATURE OF OPERATION, ETC.	MOTHERS.	CHILDREN.	TOTALS.
Number seen	49	124	173
Number treated	42	114	156
Number of attendances	257	199	456
Number of teeth extracted	132	195	327
Number of administrations of local anæsthetic	59	128	187
Number of fillings	47	—	47
Number of linings	23	—	23
Number of teeth treated with nitrate of silver	18	266	284
Number of dressings	35	14	49
Number of scalings and cleansings	8	2	10
Number of artificial plates	18	—	18
Number of plate repairs	4	—	4
Number of teeth on plates and repairs	230	—	230
Number of other operations	10	—	10
Number completed	19	49	68
Number partly completed, continued to 1936	19	1	20

TABLE M. & C.W. 7. NORTHAMPTON, 1935.

OPHTHALMIA NEONATORUM. ANALYSIS OF CASES NOTIFIED, WITH
ULTIMATE RESULT.

CASES NOTIFIED.	TREATED.		ULTIMATE RESULT.			
	AT HOME.	IN HOSPITAL.	VISION UN- IMPAIRED.	VISION IMPAIRED.	TOTAL BLINDNESS.	DIED.
2	1	1	2	—	—	—

See also Section VII. of Medical Officer of Health's Report (pages 45 to 49).

APPENDIX III.

STATISTICAL TABLES.

TABLE 1. NORTHAMPTON, 1931-1932.

CENSUS STATISTICS RELATING TO THE NEW MUNICIPAL WARDS.

Wards (as Constituted on 1st April, 1932).	Census Populations.		1931 Popu- lation Compared with 1921.	Acreage (Land and Inland Water).	Persons per Acre, 1931.
	1921.	1931.			
Castle	12,849	10,832	—2,017	179	60·5
Delapre	5,256	7,271	+2,015	585	12·4
Kingsley	2,527	6,967	+4,440	884	7·9
Kingsthorpe	3,842	6,033	+2,191	679	8·9
St. Crispin's	13,886	11,498	—2,388	150	76·7
St. Edmund's	8,119	7,566	— 553	139	54·4
St. George's	7,130	8,692	+1,562	456	19·1
St. James'	8,824	8,405	— 419	636	13·1
St. Michael's	12,823	10,800	—2,023	180	60·0
South	7,321	6,290	—1,031	699	9·0
Spencer	7,915	7,995	+ 80	975	8·2
Weston	1,521	4,197	+2,676	639	6·6
County Borough	92,013	96,546	+4,533	6,201	15·6

TABLE 2. ENGLAND AND WALES AND NORTHAMPTON, 1926-1935.

BIRTH-RATES IN EACH YEAR OF THE DECENNium.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	17·8	16·7	16·7	16·3	16·3	15·8	15·3	14·4	14·8	14·7
Northampton	14·0	13·7	13·9	13·3	13·1	13·3	13·0	11·9	12·2	11·9

TABLE 3. ENGLAND AND WALES AND NORTHAMPTON, 1926-1935.

DEATH-RATES IN EACH YEAR OF THE DECENNium.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
England and Wales	11·6	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7
Northampton (Crude	11·4	12·0	11·3	11·6	11·5	11·8	11·6	11·3	11·4	10·9
Adjusted*						11·3	11·1	10·8	10·9	10·4

*See explanation on page 10.

TABLE 4. NORTHAMPTON, 1935. METEOROLOGICAL DATA.

MONTH.	RAINFALL.			TEMPERATURE.						DIRECTION OF WIND.				BRIGHT		
	Total inches.	Greatest in 24 hours.		Days on which 0.01 in. or more fell.	Mean.	Maximum.		Minimum.		No. of Nights at or below 32 deg.	SW. Quadrant including W. Days.	SE. Quadrant including S. Days.	NE. Quadrant including E. Days.	NW. Quadrant including N. Days.	Hrs.	Mins.
		Depth.	Date.			Deg.	Date.	Deg.	Date.							
January ..	1.09	0.28	1	15	41.61	54.0	1	28.0	27	3	6	0	5	20	46	20
February	2.63	0.73	5	21	43.55	55.5	2	29.0	9	4	17	1	3	7	55	35
March	0.37	?	?	10	44.84	64.0	21	29.0	9	4	11	2	12	6	124	5
April	4.54	1.30	9	22	47.68	63.0	23	33.0	5	0	11	4	6	9	97	10
May	1.13	0.22	14	8	52.10	75.0	6	32.0	17	1	1	3	23	4	174	50
June	5.78	2.20	25	21	61.67	85.0	22	46.2	1	0	19	8	3	0	189	50
July	0.62	0.16	(18 19)	7	66.92	88.5	14	46.0	31	0	8	5	7	11	253	10
August ..	2.13	1.00	23	9	63.78	87.0	22	45.0	28	0	10	5	3	13	200	40
September	4.70	1.28	24	22	57.79	70.0	(2 13)	42.0	26	0	19	2	4	5	123	20
October ..	4.04	1.23	31	18	50.24	62.0	15	30.5	(21 26)	2	17	3	1	10	84	5
November	4.26	?	?	24	45.08	60.0	3	30.0	24	1	16	10	2	2	52	10
December	2.91	0.75	27	22	38.04	50.0	(27 31)	20.0	24	12	8	6	8	9	31	50
Year 1935	34.20	2.20	June 25	199	51.11	88.5	July 14	20.0	Dec. 24	27	143*	49	77	96	1433	5

*Includes six "calm" days (one in August, three in November, and two in December).

TABLE 5. NORTHAMPTON, 1935.

SUMMARY OF ROUTINE WORK OF THE SANITARY INSPECTORS.

	Number of Inspections, etc.	No. at which Nuisances, Defects, etc., were Found.
1.—Total Number of Inspections and Visits	24031	
2.—Number of Premises at which Nuisances were Found		1850
3.—Total Number of Houses Inspected	2515	1613
4.—Number of these Houses Repaired		1160
5.—Number of these Houses Cleansed and Whitewashed		1041
6.—Number of Houses Cleansed after Certificate of M.O.H. (Sec. 46, P.H.A. 1875)		4
7.—Number of First Visits made in consequence of Complaints by Residents	556	439
8.—Notices Served	1385	
9.—Drains :—		
Tested by Smoke Test	54	37
Tested by Volatile Test	36	15
Tested by Water Test	13	0
Exposed under Sec. 41, P.H.A. 1875	14	14
Drains reported choked		95
Drains reconstructed		46
Drains repaired		47
Bath, lavatory, or sink waste pipes dis- connected from drains		0
New pans fixed to closets		75
Indoor soil pipes abolished		0
Closets supplied with flushing apparatus		5
10.—Contraventions of Bye-laws :—		
Animals kept so as to be a nuisance		1
Animals kept in contravention of Bye-laws		0
Accumulations of manure, etc., at :—		
(a) Houses		4
(b) Other premises		9
Other contraventions		0
11.—Other Nuisances :—		
Overcrowding in houses		1
Yard pavings re-laid or repaired		390
Spoutings repaired or renewed		251
New slop sinks fixed		74
Inspections of courts and alleys	5	1
Houses supplied with town water		5
Chimney observations	16	6
Miscellaneous nuisances		671

Continued on next page.

TABLE 5.—*continued.*

	Number of Inspections, etc.	No. at which Nuisances, Defects, etc., were Found.
12.—Factories and Workshops—Inspections of:—		
Factories	171	19
Workshops	160	15
Workplaces	163	24
Outworkers' Premises	143	2
13.—Dairies, Cowsheds, and Milkshops:—		
Number of Inspections	566	13
Number of New Registrations	22	
14.—Bakehouses—Number of Inspections	316	39
15.—Slaughterhouses:—		
Number of Inspections while Slaughtering was in Progress	4614	41
Number of Other Inspections	297	11
16.—Other Premises where Food is Manufactured, Stored, or Exposed for Sale—Number of Inspections	1334	19
17.—Food and Drugs (Adulteration) Act—Number of Samples sent to Public Analyst	323	18
18.—Infectious Diseases—Visits to Infected Houses:—		
(a) First visits for investigation	497	
(b) Weekly visits to secure isolation	181	
(c) Visits to control disinfection	389	
19.—Number of Visits for Inspection of:—		
(a) Schools	22	2
(b) Public Lavatories	163	1
(c) Van-dwellers	20	1
(d) Cinemas, etc.	21	0
(e) Restaurant Kitchens, Teashops, etc.	16	1
(f) Shops	47	26
(g) Offensive Trades	44	2
20.—Houses Inspected under Housing Consolidated Regulations, 1925 and 1932:—		
Number of Houses Inspected	1812	1369
Defective Houses Repaired		1001
Houses Cleansed and Whitewashed		914
21.—Houses Unfit for Human Habitation reported to M.O.H. under Housing Act, 1930:—		
(a) Section 1	224	224
(b) Section 17	9	9
(c) Section 19	14	14
(d) Section 20	0	0

TABLE 6. NORTHAMPTON, 1935.
RECONSTRUCTION OF DRAINS.

SITUATION OF PREMISES.	NO. OF HOUSES.
Abington Avenue, 35, 37	2
Arthur Terrace, 8	1
Bearward Street, 51, 55, 57	3
Cartwright Road, 1, 2, 3	3
Cloutsham Street, 18, 20, 22, 24	4
Compton Street, 34, 36, 40	3
Craven Street, 32, 34, 36, 37, 38, 39, 41, 43	8
Great Russell Street, 86, 88	2
High Street, 6, 8, 10, 12, 14	5
Lower Mounts, 42	1
Manor Road, 45, 47, 49, 51, 53	5
Regent Street, 33, 35	2
St. Edmund's Road, 51	1
St. Katherine's Street, 1	1
Small Holdings Cottages, Raynsford Road, 1, 2, 3, 4, 5 .	5
Total	46

TABLE 7. NORTHAMPTON, 1935.
DRAIN EXAMINATION UNDER SECTION 41 OF THE PUBLIC HEALTH ACT, 1875.

SITUATION OF PREMISES.	RESULT OF EXAMINATION.	REMARKS.
Cartwright Road, 1, 2, 3	Defective	Reconstructed.
High Street, 6, 8, 10, 12, 14 ..	Defective	Reconstructed.
Manor Road, 45, 47, 49, 51, 53	Defective	Reconstructed.
Watkin Terrace, 28	Defective	Repaired.
Number of Drains Examined		14

TABLE 8. NORTHAMPTON, 1935.

HOUSING ACT, 1930. HOUSES REPRESENTED DURING THE YEAR.
SUBSEQUENT ACTION AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF		REMARKS.
	Representations.	Demolition Orders.	
Bath Street, 57 and 59	20-11-35	*	Both occupied.
Bearward Street, 24 and 26	20-11-35	*	Both occupied.
Grafton Street, 68, 70, and 72	20-11-35	*	All occupied.
Green Street, 114 and 116	16-10-35	*	Both occupied.
Harding Terrace, 40, 42, and 44	11-12-35	*	All occupied.
High Street, 64	12-6-35	7-10-35	Demolished.
Vicarage Lane, 20	12-6-35	7-10-35	Vacant.

*Signifies that the making of Demolition Orders was under consideration at the end of 1935.

TABLE 9. NORTHAMPTON, 1935.

HOUSING ACTS, 1909-1930. HOUSES REPRESENTED PREVIOUS TO 1935, BUT NOT FINALLY DEALT WITH BEFORE THIS YEAR BEGAN. ACTION TAKEN DURING 1935, AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF		REMARKS.
	Representations.	Demolition Orders.	
Ash Street, 6 and 8	14-3-34	—	Both occupied. Houses reconditioned by owner in accordance with undertaking.

Continued on next page.

TABLE 9.—*continued.*

HOUSES.	DATE OF		REMARKS.
	Representations.	Demolition Orders.	
Bailiff Street, 11 and 12	18-4-34	—	Both occupied. Houses reconditioned by owner in accordance with undertaking.
Castle Street, 27	18-4-34	4-6-34	Demolished.
Harborough Road, 76, 78, and 80	12-12-34	1-4-35	All vacant. (Demolition commenced).
High Street, 16 and 18	12-9-34	7-1-35	Both demolished.
Manor Road, 17 and 19	14-6-33	4-12-33	Both demolished.
Riding, 25	20-9-22	—	Closing Order on 4-12-22. Altered and used as store.
Riding, 33	20-9-22	—	Closing Order on 1-1-23. Vacant (not altered).
St. Mary's Street, 16	12-4-33	31-7-33	Demolished.
St. Peter's Terrace, 1 and 2	18-4-34	4-6-34	Both demolished.
Silver Street, 31, 33, 35, 37, and 39	11-3-31	—	All demolished.
Spring Lane, 3 and 5 ; and Spring Lane Yard, 1 and 2	16-5-34	—	No. 3, Spring Lane and No. 2, Spring Lane Yard vacant ; remainder occupied. In Spring Lane Yard Clearance Area represented on 8-11-35.
Spring Lane Orchard, 1	16-5-34	12-11-34	Demolished.
Spring Lane Orchard, 2 and 3	16-5-34	1-10-34	Both demolished.
Wellington Street, Court 1 ; 1	15-3-33	—	Occupied. Action deferred.

TABLE 10. NORTHAMPTON, 1935.

UN SOUND FOOD VOLUNTARILY SURRENDERED AND DESTROYED.

NATURE OF FOOD.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
Beef, home killed	14	15	0	1
Beef, imported	2	14	1	17
Mutton, home killed	—	19	0	14
Offal	1	14	0	7
Pork, home killed	5	4	3	0
Veal, home killed	—	2	2	15
Bacon	—	4	0	8
Fish	1	2	1	20
Fruit	—	3	2	0
Ham	—	1	2	5
Sausages	—	—	—	18
Total	27	1	2	21

Also 4,684 tins of food, 6 ducks, 3 fowls, 5 pheasants, 123 rabbits, 1 tin of ice cream, and 45 bottles of fruit.
There were 725 surrenders, but no seizures.

TABLE 11. NORTHAMPTON, 1935.

UN SOUND FOOD. STATEMENT OF CARCASSES OF MEAT CONDEMNED,
SHEWING NUMBER AFFECTED WITH TUBERCULOSIS.

NATURE OF FOOD.	MEAT CONDEMNED.		MEAT FOUND TO BE TUBERCULOUS.	
	WHOLE CARCASSES.	PART CARCASSES.	WHOLE CARCASSES.	PART CARCASSES
Beef	49	42	33	27
Mutton	48	5	0	0
Pork	60	263	33	260
Veal	6	0	2	0

TABLE 12. NORTHAMPTON, 1926-1935.

UNSOOUND FOOD. AMOUNT DEALT WITH BY THE DEPARTMENT IN EACH OF THE LAST TEN YEARS.

YEAR.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
1926	44	12	3	6
1927	35	3	2	18
1928	31	13	1	25
1929	36	6	2	18
1930	37	14	1	25
1931	34	1	3	12
1932	34	14	2	18
1933	29	14	0	6
1934	28	7	1	2
1935	27	1	2	21

TABLE 13. NORTHAMPTON, 1919-1935.

NUMBER OF RATS KNOWN TO HAVE BEEN DESTROYED BY THE OFFICIAL RAT-CATCHER IN EACH YEAR.

YEAR.	NUMBER OF TAILS.
1919 (three months)	163
1920	3,214
1921	2,994
1922	3,237
1923	3,337
1924	3,624
1925	2,976
1926	2,155
1927	2,434
1928	2,814
1929	3,331
1930	3,268
1931	3,449
1932	3,298
1933	3,246
1934	3,312
1935	3,766
Total	50,618

TABLE 14. NORTHAMPTON, 1935.
FOOD AND DRUGS. SAMPLES TAKEN FOR ANALYSIS.

NATURE OF SAMPLE.	INFORMAL SAMPLES.		OFFICIAL SAMPLES.	
	TOTAL NUMBER.	NO. NOT GENUINE.	TOTAL NUMBER.	NO. NOT GENUINE.
Arrowroot	2	—	—	—
Baking Powder	2	—	—	—
Boracic Ointment	2	—	—	—
Butter	—	—	10	—
Camphorated Oil	—	—	2	—
Castor Oil	2	—	—	—
Cheese	—	—	4	—
Citrate of Magnesia	2	—	—	—
Cocoa	—	—	2	—
Coffee	—	—	4	—
Cream of Tartar	2	—	—	—
Custard Powder	2	—	—	—
Dripping	—	—	4	—
Fish Cake	2	—	—	—
Flour	3	—	—	—
Flour (self-raising)	1	—	—	—
Glycerine	2	—	—	—
Ground Almonds	4	—	—	—
Ground Ginger	2	—	—	—
Ground Rice	2	—	—	—
Jam	—	—	2	—
Lard	—	—	6	—
Liquorice Powder	4	—	—	—
Margarine	—	—	2	—
Marmalade	—	—	2	—
Milk	51	8	159	8
Milk (skim)	1	—	—	—
Paste (fish)	3	—	—	—
Paste (meat)	1	—	—	—
Pepper	4	—	—	—
Potted Meat	3	—	1	—
Rice	4	—	—	—
Rice (dusting powder) ..	1	—	—	—
Sago	1	—	—	—
Sausage Binder	1	—	—	—
Sausages	9	2	1	—
Sugar	3	—	—	—
Tapioca	2	—	—	—
Tea	2	—	—	—
Vinegar	—	—	4	—
Totals	120*	10	203*	8

*A total of 323 samples, 18 of which (5·6 per cent.) were found not to be genuine.

TABLE 15. NORTHAMPTON, 1876-1935.
DIPHTHERIA INCIDENCE AND MORTALITY, WITH RATES FOR ENGLAND
AND WALES FOR COMPARISON.

Years.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Numbers removed to Hospitals.	Removal rates per cent.	E. & W. Attack- rates.	E. & W. Death- rates.
1876			0	0.00				0.13
1877			1	0.02				0.11
1878			0	0.00				0.14
1879			2	0.04				0.12
1880			1	0.02				0.11
1881			3	0.06				0.12
1882			1	0.02				0.15
1883			2	0.04				0.16
1884			9	0.16				0.19
1885			3	0.05				0.16
1886			5	0.09				0.15
1887			2	0.03				0.16
1888			2	0.03				0.17
1889			1	0.02				0.19
1890	5	0.08	0	0.00	0	0.0		0.18
1891	7	0.11	4	0.07	0	0.0		0.17
1892	6	0.10	2	0.03	1	16.7		0.22
1893	14	0.23	5	0.08	0	0.0		0.32
1894	17	0.28	3	0.05	3	17.6		0.29
1895	18	0.29	6	0.10	1	5.6		0.26
1896	16	0.26	4	0.07	1	6.3		0.29
1897	11	0.18	1	0.02	0	0.0		0.25
1898	21	0.34	2	0.03	4	19.0		0.24
1899	16	0.26	2	0.03	0	0.0		0.29
1900	16	0.25	6	0.09	1	6.3		0.29
1901	23	0.26	9	0.10	3	13.0		0.27
1902	28	0.32	11	0.13	2	7.1		0.24
1903	39	0.44	18	0.21	3	7.7		0.18
1904	48	0.55	9	0.10	13	27.1		0.17
1905	31	0.35	14	0.16	6	19.4		0.16
1906	28	0.32	7	0.08	9	32.1		0.18
1907	28	0.31	5	0.06	19	67.9		0.17
1908	26	0.29	4	0.04	16	61.5		0.16
1909	36	0.40	10	0.11	16	44.4		0.15
1910	36	0.40	6	0.07	27	75.0		0.12
1911	69	0.77	14	0.16	53	76.8	1.33	0.13
1912	63	0.70	12	0.13	42	66.7	1.24	0.11
1913	119	1.31	27	0.30	71	59.7	1.39	0.12
1914	236	2.59	37	0.41	124	52.5	1.61	0.15
1915	309	3.42	43	0.48	142	46.0	1.52	0.15

Continued on next page.

TABLE 15.—*continued.*

Years.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Numbers removed to Hospitals.	Removal rates per cent.	E. & W. Attack- rates.	E. & W. Death- rates.
1916	136	1.58	16	0.19	102	75.0	1.50	0.14
1917	95	1.15	19	0.23	68	71.6	1.28	0.13
1918	74	0.91	13	0.16	53	71.6	1.31	0.14
1919	99	1.11	10	0.11	77	77.8	1.50	0.13
1920	202	2.18	9	0.10	144	71.3	1.86	0.15
1921	217	2.35	9	0.10	142	65.4	1.76	0.12
1922	169	1.82	9	0.10	102	60.4	1.37	0.11
1923	82	0.88	4	0.04	58	70.7	1.05	0.07
1924	87	0.93	1	0.01	41	47.1	1.07	0.06
1925	64	0.68	0	0.00	35	54.7	1.23	0.07
1926	148	1.58	15	0.16	105	70.9	1.31	0.07
1927	62	0.66	5	0.05	48	77.4	1.33	0.07
1928	81	0.86	7	0.07	65	80.2	1.55	0.06
1929	185	1.97	12	0.13	154	83.2	1.59	0.08
1930	286	3.07	8	0.09	211	73.8	1.84	0.09
1931	83	0.90	4	0.04	71	85.5	1.26	0.07
1932	39	0.41	1	0.01	33	84.6	1.08	0.06
1933	13	0.13	1	0.01	11	84.6	1.18	0.06
1934	25	0.26	2	0.02	22	88.0	1.70	0.10
1935	42	0.43	3	0.03	39	92.9	1.60	0.08
1876-1880			4	0.02				0.12
1881-1885			18	0.07				0.16
1886-1890			10	0.03				0.17
1891-1895	62	0.20	20	0.07	5	8.1		0.25
1896-1900	80	0.26	15	0.05	6	7.5		0.27
1901-1905	169	0.39	61	0.14	27	16.0		0.20
1906-1910	154	0.35	32	0.07	87	56.5		0.15
1911-1915	796	1.76	133	0.29	432	54.3	1.42	0.13
1916-1920	606	1.41	67	0.16	444	73.3	1.49	0.14
1921-1925	619	1.33	23	0.05	378	61.1	1.30	0.09
1926-1930	762	1.63	47	0.10	583	76.5	1.52	0.07
1931-1935	202	0.42	11	0.02	176	87.1	1.36	0.07

TABLE 16. NORTHAMPTON, 1935.
ENTERICA, SCARLET FEVER, AND DIPHTHERIA.

Diseases.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Fatality.	Numbers removed to Hospital.	Removal rates per cent.
Enterica	1	0.01	0	0.00	0.0	1	100.0
Scarlet Fever	415	4.29	2	0.02	0.5	332	80.0
Diphtheria	42	0.43	3*	0.03	7.1	39†	92.9

*Includes the death of an unnotified case.

†All notified cases. Ten "carriers" (unnotified) were also admitted to the Infectious Diseases Hospital, Harborough Road.

TABLE 17. NORTHAMPTON, 1935.
BOROUGH INFECTIOUS DISEASES HOSPITAL, HARBOROUGH ROAD.
CASES UNDER TREATMENT.

	Scarlet Fever.	Diph- theria.	Enter- ica.	Pneu- monia.	Others.	Totals.
Remaining at end of 1934 ..	22	—	—	—	—	22
Admitted during 1935	333	50	1	1	6*	391
Discharged during 1935	330	41	1	1	6	379
Died during 1935	2	3	—	—	—	5
Remaining at end of 1935 ..	23	6	—	—	—	29

*Comprises four cases of whooping cough and two of erysipelas.

TABLE 18. NORTHAMPTON, 1935.
NUMBER OF ARTICLES DISINFECTED BY STEAM MONTH BY MONTH AT
THE DISINFECTING STATION, ST. ANDREW'S ROAD.

Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
415	635	796	657	616	650	670	530	815	1110	662	616	8172

TABLE A.
COUNTY BOROUGH OF NORTHAMPTON.
Vital Statistics during 1935 and Previous Years.

Year.	Total Population estimated to Middle of each Year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	Non-residents registered in the District.	Residents not registered in the District.	Under One Year.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Live Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1901	87096	2345	2345	26·9	1269	14·6	62	9	335	142·9	1216	14·0
1902	87397	2272	2272	26·0	1358	15·5	75	11	301	132·5	1294	14·8
1903	87699	2194	2194	25·0	1307	14·9	88	10	301	137·2	1219	13·9
1904	88002	2102	2102	23·9	1293	14·7	108	9	279	132·7	1185	13·5
1905	88306	1937	1937	21·9	1243	14·1	84	8	239	123·4	1159	13·1
1906	88610	1985	1985	22·4	1108	12·5	77	22	240	120·9	1061	12·0
1907	88915	1956	1956	22·0	1209	13·6	98	37	235	120·1	1151	12·9
1908	89223	2043	2043	22·9	1192	13·4	93	32	198	96·9	1131	12·7
1909	89534	1957	1957	21·9	1332	14·9	84	46	215	109·9	1294	14·5
1910	89843	1900	1900	21·1	1177	13·1	84	36	209	110·0	1129	12·6
1911	90152	1930	1931	21·4	1240	13·8	86	46	250	129·5	1200	13·3
1912	90467	1932	1935	21·4	1172	13·0	120	45	140	72·4	1097	12·1
1913	90793	1868	1868	20·6	1233	13·6	114	61	175	93·7	1180	13·0
1914	91123	1854	1857	20·4	1331	14·6	133	55	164	88·3	1253	13·8
1915	91123	1748	1754	19·2	1562	17·3	109	83	236	134·5	1536	17·0
1916	93709	1883	1893	20·2	1206	14·0	116	58	127	67·1	1148	13·3
1917	91932	1466	1471	16·0	1217	14·8	128	86	128	87·0	1175	14·2
1918	90884	1316	1313	14·4	1426	17·6	122	81	121	92·2	1385	17·1
1919	92653	1432	1411	15·2	1301	14·6	137	54	116	82·2	1218	13·7
1920	92950	2318	2248	24·2	1137	12·3	130	40	166	73·8	1047	11·3
1921	92300	1924	1881	20·4	1022	11·1	123	65	124	65·9	964	10·4
1922	92950	1697	1646	17·7	1108	11·9	116	54	86	52·2	1046	11·3
1923	93230	1723	1662	17·8	1177	12·6	140	49	95	57·2	1086	11·6
1924	93800	1591	1534	16·4	1143	12·2	149	42	80	52·1	1036	11·1
1925	93970	1531	1471	15·6	1229	13·1	167	54	98	66·6	1116	11·9
1926	93740	1393	1309	14·0	1163	12·4	174	75	72	55·0	1064	11·4
1927	93260	1362	1281	13·7	1248	13·4	170	46	78	60·9	1124	12·0
1928	94270	1366	1308	13·9	1204	12·8	207	63	70	53·5	1060	11·3
1929	94180	1332	1249	13·3	1269	13·5	226	50	66	52·8	1093	11·6
1930	93460	1334	1224	13·1	1217	13·0	193	48	69	56·4	1072	11·5
1931	92970	1307	1233	13·3	1243	13·4	205	53	87	70·6	1091	11·8
1932	96730	1326	1244	13·0	1265	13·2	207	50	80	64·3	1108	11·6
1933	96630	1236	1152	11·9	1277	13·2	236	50	52	45·1	1091	11·3
1934	96550	1298	1180	12·2	1344	13·9	289	41	54	45·8	1096	11·4
1935	96700	1301	1155	11·9	1311	13·6	298	38	58	50·2	1051	10·9

This Table is arranged to shew the gross births and deaths in the district and the births and deaths properly belonging to it, with the corresponding rates.

From 1915 to 1931 the death-rates are calculated on the estimated civil populations supplied by the Registrar-General for that purpose.

The birth-rate and death-rate for 1932 are calculated on a mean population of 95,670 owing to the Borough extension on 1st April, 1932.

TABLE B.
COUNTY BOROUGH OF NORTHAMPTON.
Cases of Notifiable Diseases during the Year 1935.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.													CASES NOTIFIED IN EACH WARD.											Cases Admitted to Borough Hospitals.	Total Deaths (see Table C).	
	ALL AGES.	AGES (IN YEARS).												Castle.	Delapre.	Kingsley.	Kingsthorpe.	St. Crispin's.	St. Edmund's.	St. George's.	St. James'.	St. Michael's.	South.	Spencer.			Weston.
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-														
Acute Poliomyelitis	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1*	1	
Cerebro-spinal Fever	4	1	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	4	—	—	—	1		
Diphtheria	42	—	1	1	3	2	18	8	4	4	1	—	—	3	1	4	2	2	—	3	15	—	7	4	1	39	3
Dysentery	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Enterica	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	
Erysipelas	50	—	—	—	—	—	—	1	2	10	7	21	9	9	5	3	6	4	3	3	4	5	3	4	1	3†	4
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	
Pneumonia	149	9	12	8	6	4	14	6	5	15	18	36	16	18	8	9	14	17	7	11	18	15	15	11	6	3‡	50||
Puerperal Fever	5	—	—	—	—	—	—	—	—	5	—	—	—	—	—	1	1	—	—	—	1	—	1	—	1	—	—
Puerperal Pyrexia	10	—	—	—	—	—	—	—	1	9	—	—	—	—	—	4	—	2	—	—	—	—	4	—	—	—	—
Scarlet Fever	415	1	5	6	30	18	202	91	23	31	7	1	—	28	18	38	84	38	36	42	29	19	26	32	25	332	2
Tuberculosis :— Respiratory	69	—	—	—	—	—	—	1	7	32	13	16	—	6	5	7	5	6	8	13	2	6	3	7	1	46§	52
Other Forms	22	1	—	1	—	—	—	3	2	5	8	2	—	1	5	2	—	6	—	2	1	1	2	—	2	7¶	11
Totals	772	14	18	16	39	26	234	111	45	112	54	77	26	66	43	69	113	76	54	74	70	46	65	59	37	432	124

*Treated at Manfield Orthopædic Hospital at expense of Maternity and Child Welfare Committee.

†Two to Harborough Road Hospital and one to St. Edmund's Hospital.

‡One to Harborough Road Hospital and two to St. Edmund's Hospital.

||Seven of these were from influenzal pneumonia.

§Thirty-one to Welford Road Hospital and fifteen to Creaton Sanatorium.

¶Four to Manfield Orthopædic Hospital, one to Creaton Sanatorium, and two to Welford Road Hospital.

The above figures take no account of corrections in diagnosis. (See Section VI. of this Report for further information).

INSTITUTIONS :—(1) Harborough Road Infectious Diseases Hospital (85 beds, allowing 144 sq. ft. per bed) ;
(2) Smallpox Hospital, near Hardingstone (48 beds, allowing 144 sq. ft. per bed) ;
(3) Welford Road Tuberculosis Hospital (32 beds) ;
(4) St. Edmund's Hospital (Public Assistance Institution) (191 beds) ;
(5) Creaton Sanatorium, Northampton (15 beds reserved for Northampton County Borough) ;
(6) Manfield Orthopædic Hospital, Northampton (20 beds available for surgical tuberculosis cases).

TABLE C.

COUNTY BOROUGH OF NORTHAMPTON.

Causes of Death at Different Periods of Life during the Year 1935.

CAUSES OF DEATH.		NETT DEATHS AT THE SUBJOINED AGES (IN YEARS) OF " RESIDENTS "														Total Deaths whether of Residents or Non-Residents in Institutions in the District.
		ALL AGES.			0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-	
		Total.	M.	F.												
ALL CAUSES	Certified Uncertified	1051 —	535 —	516 —	58 —	7 —	16 —	16 —	32 —	45 —	44 —	84 —	169 —	273 —	307 —	545 —
1.	Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2.	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3.	Scarlet Fever	2	1	1	—	—	1	1	—	—	—	—	—	—	—	2
4.	Whooping Cough	7	2	5	2	2	3	—	—	—	—	—	—	—	—	3
5.	Diphtheria	3	1	2	—	—	—	3	—	—	—	—	—	—	—	3
*6.	Influenza	20	10	10	—	—	—	1	—	1	1	3	4	5	5	4
7.	Encephalitis Lethargica	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—
8.	Cerebro-spinal Fever	1	1	—	1	—	—	—	—	—	—	—	—	—	—	2
9.	Tuberculosis of Respiratory System	52	35	17	—	—	1	—	11	10	13	8	4	4	1	8
*10.	Other Tuberculous Diseases	11	6	5	1	—	—	2	1	5	—	1	—	—	1	22
11.	Syphilis	1	1	—	—	—	—	—	—	—	—	—	—	1	—	3
12.	General Paralysis of the Insane, Tabes Dorsalis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
13.	Cancer, Malignant Disease	161	73	88	—	—	—	—	—	1	4	21	37	60	38	75
14.	Diabetes	20	2	18	—	—	—	—	—	1	—	1	5	6	7	16
15.	Cerebral Hæmorrhage, etc.	64	31	33	—	1	—	—	—	—	1	4	13	23	22	21
16.	Heart Disease	297	141	156	—	—	—	1	2	9	8	16	42	103	116	46
17.	Aneurysm	4	4	—	—	—	—	—	—	—	—	1	2	1	—	1
*18.	Other Circulatory Diseases	50	29	21	—	—	—	—	—	—	1	4	12	10	23	22
19.	Bronchitis	16	8	8	2	—	—	—	—	—	—	—	1	3	10	2
*20.	Pneumonia (all forms)	43	22	21	8	2	4	—	2	—	1	4	4	10	8	35
21.	Other Respiratory Diseases	6	—	6	1	—	1	—	—	—	—	1	1	1	1	4
22.	Peptic Ulcer	7	5	2	—	—	—	—	—	1	—	4	1	—	1	14
23.	Diarrhœa, etc.	7	6	1	2	1	—	1	—	—	—	—	1	2	—	2
24.	Appendicitis	4	2	2	—	—	—	—	1	1	2	—	—	—	—	14
25.	Cirrhosis of Liver	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—
26.	Other Diseases of Liver, etc.	6	3	3	—	—	—	—	—	—	—	2	2	—	2	10
27.	Other Digestive Diseases	19	11	8	2	—	1	1	4	1	—	—	3	3	4	24
28.	Acute and Chronic Nephritis	50	21	29	—	—	1	1	1	3	2	4	9	18	11	23
29.	Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
30.	Other Puerperal Causes	5	—	5	—	—	—	—	2	2	1	—	—	—	—	12
31.	Congenital Debility, Premature Birth, Malformations, etc.	35	21	14	35	—	—	—	—	—	—	—	—	—	—	26
32.	Senility	39	24	15	—	—	—	—	—	—	—	—	1	1	37	15
33.	Suicide	19	14	5	—	—	—	—	—	1	2	3	6	5	2	2
34.	Other Violence	20	18	2	—	—	1	1	4	5	1	1	3	2	2	47
*35.	Other Defined Causes	77	41	36	4	1	3	4	3	4	7	5	16	15	15	81
36.	Causes Ill-defined or Unknown	3	1	2	—	—	—	—	—	—	—	—	2	—	1	1
Totals		1051	535	516	58	7	16	16	32	45	44	84	169	273	307	545
*Sub- entries included in above figures	6 (a) Influenzal Pneumonia	7	4	3	—	—	—	—	—	1	1	2	2	1	—	—
	10 (a) Tuberculous Meningitis	5	2	3	1	—	—	2	—	2	—	—	—	—	—	12
	18 (a) Arterio-sclerosis	41	24	17	—	—	—	—	—	—	—	4	9	8	20	13
	20 (a) Broncho-pneumonia	19	6	13	8	2	2	—	1	—	—	2	—	1	3	14
	35 (a) Erysipelas	4	2	2	—	—	—	—	—	—	1	—	—	1	2	4
	(b) Rheumatic Fever	3	1	2	—	—	—	—	—	—	1	—	—	1	—	2
	(c) Meningitis	3	2	1	—	—	1	—	—	—	—	—	2	—	—	6
	(d) Poliomyelitis	1	1	—	—	—	—	1	—	—	—	—	—	—	—	3

NETT DEATHS REGISTERED.		M.	F.	TOTALS.	DEATH-RATES.
First Quarter	.....	139	153	292	.. 12.1
Second Quarter	.....	149	129	278	.. 11.5
Third Quarter	.....	115	110	225	.. 9.3
Fourth Quarter	.....	132	124	256	.. 10.6
Totals (52 weeks)	.....	535	516	1051	.. 10.9

TABLE D.
COUNTY BOROUGH OF NORTHAMPTON.
INFANT MORTALITY DURING THE YEAR 1935.

Nett Deaths from stated Causes at various Ages under One Year.

CAUSES OF DEATH.		Under 1 week.	1 week and under 2 weeks.	2 weeks and under 3 weeks.	3 weeks and under 4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
ALL CAUSES	Certified	31	3	—	—	34	8	8	5	3	58
	Uncertified	—	—	—	—	—	—	—	—	—	—
1.	Smallpox	—	—	—	—	—	—	—	—	—	—
2.	Chickenpox	—	—	—	—	—	—	—	—	—	—
3.	Measles	—	—	—	—	—	—	—	—	—	—
4.	Scarlet Fever	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	—	—	—	—	—	—	1	—	1	2
6.	Diphtheria	—	—	—	—	—	—	—	—	—	—
7.	Erysipelas	—	—	—	—	—	—	—	—	—	—
8.	Tuberculous Meningitis	—	—	—	—	—	—	—	1	—	1
9.	Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
10.	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
11.	Meningitis (<i>not Tuberculous</i>)	—	—	—	—	—	—	—	—	—	—
12.	Convulsions	—	—	—	—	—	—	2	1	—	3
13.	Laryngitis	—	—	—	—	—	—	—	—	—	—
14.	Bronchitis	—	—	—	—	—	—	1	1	—	2
15.	Pneumonia (all forms)	2	—	—	—	2	4	1	1	1	9
16.	Diarrhoea	—	—	—	—	—	—	—	—	—	—
17.	Enteritis	—	—	—	—	—	2	—	—	—	2
18.	Gastritis	—	—	—	—	—	—	—	—	—	—
19.	Syphilis	—	—	—	—	—	—	—	—	—	—
20.	Rickets	—	—	—	—	—	—	—	—	—	—
21.	Suffocation, overlaying	—	—	—	—	—	—	—	—	—	—
22.	Injury at Birth	1	—	—	—	1	—	—	—	—	1
23.	Atelectasis	6	—	—	—	6	—	—	—	—	6
24.	Congenital Malformations	4	1	—	—	5	1	—	—	1	7
25.	Premature Birth	16	2	—	—	18	—	—	—	—	18
26.	Atrophy, Debility, and Marasmus ..	2	—	—	—	2	—	—	—	—	2
27.	Other Causes	—	—	—	—	—	1	3	1	—	5
Totals		31	3	—	—	34	8	8	5	3	58

		Live Births Registered.			Nett Deaths Registered.			Infant Death-rates.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Legitimate ..	..	579	518	1097	..	34	22	56	..	58·7
Illegitimate ..	..	29	29	58	..	0	2	2	..	0·0
Totals ..	..	608	547	1155	..	34	24	58	..	55·9

REPORT ON THE

Administration of the FACTORY and WORKSHOP ACT, 1901, in connection with

Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
FACTORIES (Including Factory Laundries and Bakehouses)	171	19	—
WORKSHOPS (Including Workshop Laundries and Bakehouses)	160	15	—
WORKPLACES (Other than Outworkers' Premises)	163	24	—
OUTWORKERS' PREMISES	143	2	—
Totals	637	60	—

2.—DEFECTS FOUND.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness	7	7	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	8	8	—	—
Sanitary Accommodation { insufficient	—	—	—	—
{ unsuitable or defective	7	5	—	—
{ not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	38	38	—	—
Other Offences	—	—	—	—
(Excluding offences relating to outwork which are included in Part 3 of this Report)				
Totals	60	58	—	—

*Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOMEWORK.

NATURE OF WORK. (1)	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLE-SOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists. (8)	Prosecutions.		Instances. (11)	Notices served. (12)	Prose-cutions. (13)	Instances. (14)	Orders made. (S. 110). (15)	Prose-cutions. (Sections 109, 110). (16)
	Sending twice in a year.			Sending once in the year.				Failing to keep or permit inspection of lists. (9)	Failing to send lists. (10)						
	Lists. (2)	Outworkers.		Lists. (5)	Outworkers.										
		Con-tractors. (3)	Work-men. (4)		Con-tractors. (6)	Work-men. (7)									
WEARING APPAREL :— (1) Making, etc.	8	—	30	3	2	161	—	—	—	—	—	—	—	—	

There are no Outworkers in any of the other trades usually shewn in the above Table.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year. (1)	Number. (2)
Number of Workshops (including Bakehouses)	167
Number of Outworkers' Premises on Register	167
TOTAL Number of Workshops on Register	334

5.—OTHER MATTERS.

Class. (1)	Number. (2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix abstract of Factory and Workshop Act (s. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5) {	
Notified by H.M. Inspector	5
Reports (of action taken) sent to H.M. Inspector ..	4
Other	—
Underground Bakehouses (s. 101) in use at the end of the year	1

